

**NHMA 14th ANNUAL CONFERENCE
SPONSORSHIP AND ADVERTISEMENT CONTRACT**

Deadline: March 1, 2010

The National Hispanic Medical Association is authorized to publish your company name/logo/ad in our conference program. For information, e-mail conference@nhmamd.org or phone (202) 628-5895, x10.

Company Name _____

Contact Person _____ Title _____

Address _____

City and State _____

Telephone _____ Fax _____

E-mail _____

Date _____

Authorizing Signature _____

Indicate Your Sponsorship, Event, Exhibit or Ad Purchase:

Total Amount: \$ _____

Please send contract and payment to:

NHMA
1411 K St., N.W., Suite 1100
Washington, DC 20005
(202) 628-5895 FAX (202) 628-5898
E-mail: conference@nhmamd.org
Web Site: www.nhmamd.org

Payment Options

1. Check: Payable to the National Hispanic Medical Association.

2. Credit Cards Accepted – American Express, Master Card and Visa

Please put name which appears on card, card number and a signature.

Type of credit card: _____

Credit card number: _____

Exp. Date: _____

Name as appears on card _____

Signature: _____

3. ONLINE Payment at www.nhmamd.org

4. Purchase Order