



177th ANNUAL CONVENTION SPONSOR/ADVERTISER AGREEMENT

The organization below has entered into this contract with the ISMA for the services indicated below.

PLEASE PRINT OR TYPE

Contact name: _____ Title: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

ISMA Convention Sponsorships - Sept. 25-27, 2026

Sponsorship Options:

SILVER LEVEL - \$1,500

- Your brand/link in ISMA Events app sponsor tab (reach approximately 250 ISMA members)
- Screenshot of brand with live "Thank you" from Speaker of the House of Delegates
- Optional sponsor provided 30 second video/commercial aired during convention weekend
- Sponsor listing to ISMA social media followers (approximately 3,000 individuals) during convention
- Sponsor listing in ISMA e-newsletter and print newsletter to subscribers (approximately 9,000 ISMA members)
- Sponsor listing on ISMA website pre- and post-convention

GOLD LEVEL - \$2,000

- ALL SILVER benefits PLUS exhibit table in registration hallway and access to list of registrants (names and business addresses only of approximately 250 ISMA members)

PLATINUM LEVEL - \$5,000

- ALL GOLD/SILVER benefits PLUS title sponsor

For additional sponsor options or questions, contact npeetz@ismanet.org.

Instructions to Validate Agreement

Fill out, sign, and return a copy of the completed agreement to npeetz@ismanet.org.

Send a check for the appropriate amount to:

Indiana State Medical Association
322 Canal Walk
Indianapolis, IN 46202

Send an email attachment with your company ad/logo in high resolution PDF, TIFF or EPS to npeetz@ismanet.org.

ISMA retains the right to edit, reject or cancel any sponsorship or advertisement. Sponsorship or advertising that conflicts with the goals and mission of ISMA or that negatively influences public health in any way will not be accepted. Sponsor/Advertiser agrees to indemnify, defend, and hold harmless the ISMA for any and all claims, suits, judgments, damages, and costs, of whatever nature, relating to the Sponsor/Advertiser's copy appearing in the ISMA's publication and/or at the ISMA's event.

Signature: _____ Date: _____
Signature of Authorized Representative

Signature: _____ Date: _____
Indiana State Medical Association