



171st 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 Virtual Convention Sponsorships - Sept. 13, 2020

☐ **GOLD** \$1,000

Gold Level sponsors will receive:

- Company logo on convention information and virtual convention event landing pages
- Sponsor appreciation in wrap-up issue of ISMA Reports newsletter to all members
- Sponsor will receive list of virtual attendees
- 7.5 x 10 in. ad placed in digital House of Delegates Handbook
- Recognition by Speaker of the House during House of Delegates

☐ **SILVER** \$750

Silver Level sponsors will receive:

- 7.5 x 10 in. ad placed in digital House of Delegates Handbook
- Recognition by Speaker of the House during House of Delegates

Submit ad and logo files in PDF, TIFF, Illustrator or Photoshop format. Convert text to graphics. If you have any questions regarding format, call Nick at (317) 261-2060 or (800) 257-4762; email ad layout to: npeetz@ismanet.org.

Instructions to Validate Agreement

1. Fill out, sign, and return a copy of the completed agreement to npeetz@ismanet.org.
2. To pay by check, send a check for the appropriate amount to:

Indiana State Medical Association
322 Canal Walk
Indianapolis, IN 46202

OR

To pay by credit card, call (317) 261-2060.

3. 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, Julie Reed, Executive Vice President