



Maryland Veterinary Medical Association

- SPONSORSHIP OPPORTUNITIES -

Continuing Education Meetings:

The MVMA hosts seven continuing education meetings per year. These conferences, which are held in various areas of the state, provide both member and non-member veterinarians as well as technicians with continuing education credit hours necessary for licensing. Sponsorship opportunities are limited only to your imagination and are one of the best ways to gain exposure and recognition as a supporter of veterinary medicine and those that provide professional care. Listed below are the conference opportunities for 2011-2012:

Select Conference(s) for Sponsorships:

<u>Conference Name</u>	<u>Location</u>	<u>Dates</u>
<input type="checkbox"/> Fall Conference	Crowne Plaza, Timonium, MD	November 2, 2011
<input type="checkbox"/> Potomac Regional	L'Enfant Plaza Hotel, Washington, DC	November 11-13, 2011
<input type="checkbox"/> Winter Conference	DoubleTree Hotel Annapolis	January 12, 2012
<input type="checkbox"/> Ski Seminar	Camel's Garden, Telluride, CO	Feb/March, 2012
<input type="checkbox"/> Bovine Conference	Clarion Hotel, Hagerstown, MD	March 29-30, 2012
<input type="checkbox"/> Mid-Atlantic Clinic	Howard County Fairgrounds	May 10, 2012
<input type="checkbox"/> Summer Conference	Clarion Resort, Ocean City, MD	June 23-26, 2012

I wish to provide sponsorship in the amount of \$ _____ for _____ at the above selected event. I understand that I will receive recognition at the event and in the event program.

Date Submitted: _____

Name of Sponsoring Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Attending Contact Person: _____ Nick Name: _____

E-Mail: _____ Cell: () _____ - _____

Payment:

I have enclosed a check in the amount of \$ _____ (Check payable to MVMA)

Please charge my credit card.   

Account Number _____ Amount \$ _____

CSC # _____ Billing Address(No PO Boxes) _____ Zip Code _____

Cardholder Signature _____ Exp. Date ____/____

Cardholder Name (Please Print) _____

Return your completed form and payment to:

MVMA ♦ 3230 Maiden Lane ♦ Suite 5 ♦ P.O. Box 26 ♦ Manchester, MD 21102

Phone (443)507-6500 ♦ Fax (443) 507-6519

MVMA@ManagementAlliance.com