Sponsorship Application

Sponsorship Item of Interest *(Please describe)*: _____

(Note: Item assigned on a first come, first served basis.)

COMPANY NAME AS IT SHOULD APPEAR IN PRINTED MATERIALS

CONTACT PERSON

E-MAIL

ADDRESS

CITY/STATE/ZIP

TELEPHONE FAX

Payment Information: A 50% non-refundable deposit must be received with the application's final balance due within 30 days. All checks must be in US dollars drawn on US banks within the continental United States and made payable to the American College of Nurse-Midwives. **Return original and deposit in check form to ACNM Annual Meeting & Exhibition, Lock Box P.O. Box 758898, Baltimore, MD 21275-8896. For credit card payment, please fill out the information below and mail to the lock box address, fax to 240.485.1818 or email to** ***schavan@acnm.org***.

Payment Type: ❑ Check ❑ Visa ❑ MasterCard ❑ Bill to Purchase Order #_____

CREDIT CARD NUMBER EXPIRATION DATE SECURITY CODE (BACK OF CARD)

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

In accordance with the terms, conditions, and regulations governing sponsorships at the Annual Meeting of the American College of Nurse-Midwives, the undersigned hereby makes application for sponsorship which, when confirmed by American College of Nurse-Midwives, becomes a contract. Terms and conditions in the prospectus are a part of this contract. The undersigned agrees to abide by all rules, requirements, restrictions, and regulations as set forth in this agreement or as may be especially designated by management. Failure to abide by such rules and regulation results in forfeiture of all monies paid or due under terms of this agreement.

SIGNATURE DATE

Please copy for your records. For questions, please contact Tana Stellato at 240.485.1828 or email ***ACNMmeeting@stellatosolutions.com.***