

Sponsorship, Hosted Event, or Business Meeting Application

COMPANY NAME AS IT SHOULD APPEAR IN PRINTED MATERIALS

CONTACT PERSON

E-MAIL

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

Opportunity of Interest *(Please describe):* _____

Note: Item assigned on a first come, first served basis. Ask about ACNM's Industry Partner Program, which comes with many benefits including discounts on exhibit space, sponsorships, and advertising.

Cost of Sponsoring Above Specified Interest: _____

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 e-mail to schavan@acnm.org.**

Payment Type: ☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Bill to Purchase Order # _____

All payments must be made in full. 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.

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 301.996.5316 or e-mail ACNMmeeting@stellatosolutions.com.