



Virginia College of Emergency Physicians

2010 Medical Jeopardy Competition
August 17, 2010

SPONSORSHIP APPLICATION

Contact Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: (____) _____ Fax: (____) _____

Name & Title of Person(s) To Represent Company at the Event: (Two included in sponsorship fee, add \$50 for each additional representative & provide names)

1) _____

2) _____

Company's URL for Recognition on VACEP's Website: _____

Description of Service or Product (to be provided to attendees):

SPONSORSHIP FEE : \$2,500 PLUS ___ ADDITIONAL REPRESENTATIVES AT \$50 = _____

TOTAL PAYMENT DUE: _____ *For instant registration, please call 757-220-4911*

PAYMENT INFORMATION:

A check is enclosed, payable to VACEP (*U.S. funds only*)

Please charge to my: VISA MasterCard

Card #: _____ Exp. Date: _____

Card Holder's Name: _____

Authorized Signature: _____

Make a copy of this form for your records and mail to: VACEP, P.O. Box 911, Norge, VA 23127-0911

Or send by fax to 757-258-3042

**VACEP
Federal ID
number is
23-7147412**

CANCELLATIONS: All cancellations must be submitted in writing. Cancellations received by July 2, 2010 will be assessed 50% of the total sponsorship as penalty. No refund for cancellations received after July 2.