



VIRGINIA COLLEGE OF EMERGENCY PHYSICIANS

2009 Medical Jeopardy & Residents Program

August 18, 2009

The Hilton Virginia Beach Oceanfront

SPONSORSHIP APPLICATION

CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

SPONSORSHIP : \$2,500

SIGNATURE _____ DATE _____

NOTE: Deadline for sponsorship commitments is **July 7, 2009** – **ONLY 15 available**

NAME OF PERSON(S) TO REPRESENT COMPANY: Company's URL for Recognition on

1) _____

VACEP's Website:

2) _____

VACEP
Federal ID
number is
23-7147412

SERVICE OR PRODUCT TO BE DISPLAYED:

PAYMENT *For instant registration, please call 757-220-4911*

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

Please charge to my: VISA MasterCard

Card #: _____ Exp. Date: _____

Card Holder's Name: _____

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

CANCELLATIONS: All sponsor cancellations *must* be submitted in writing and received by the dates listed below:

Cancellations before July 7, 2009 – *20% of the total obligation penalty*

Cancellations between July 7, 2009 & July 18, 2009 – *50% of the total obligation penalty*

No refunds for cancellations after July 18, 2009