



Sponsorship Commitment

Please email final artwork in black and white according to the size. Please know you may be required to submit different sized artwork for OnCall. All Commitments and Advertisements must be received by November 1 at 5:00 p.m. to be included in the program.

CONTACT INFORMATION

Contact Person: _____

Title: _____

Company (if applicable): _____

Phone: _____ Fax: _____

Email: _____

PAYMENT/SUBMISSION

Sponsorship Package _____ Total Amount \$ _____

Check paid to PBCMSS Visa MC Amex

Cardholder's Name: _____

Address: _____

Card # _____ Expiration Date: _____ CCV: _____

Cardholder's Signature: _____

Payment must be received by November 1st at 5:00 PM

RETURN TO:

Palm Beach County Medical Society
Att: Katherine Zuber
3540 Forest Hill Boulevard, Suite 101
West Palm Beach, FL 33406

QUESTIONS:

Phone: 561.433.3940 Ext. 123
Fax: 561.433.238
Email: KatherineZ@pbcms.org