



**MiSEPS 52nd Virtual Annual Conference – August 7 – 8, 2020
Sponsorship**

Please become a sponsor of the **Michigan Society of Eye Physicians and Surgeons (MiSEPS)**, Virtual Meeting.

Complete Company Information here and Send Logo in jpeg format to: jlabranche@miseps.org

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

PRIMARY CONTACT NAME: _____ **Email** _____

Please note that cancellations will not be accepted unless written notice is received by **MiSEPS** on or before July 24, 2020. Thereafter, a 75% withdrawal fee will be assessed. Please direct correspondence to the **MiSEPS Executive Offices** address below or email jlabranche@miseps.org

Please return this application with the appropriate check amount made payable to MiSEPS (Write “52nd Annual Conference” in the memo line). Contact jlabranche@miseps.org for payment by Credit Card.

PLEASE SELECT A SPONSORSHIP LEVEL:

PLATINUM LEVEL – \$2,000 _____

- Mention on our website
- Mention in the program outside of the scientific agenda
- Mention in our member eblasts leading up to the conference
- An email blast to our attendees and members
- A guest blog post on our website
- A discount for next year

GOLD LEVEL – \$1,250 _____

- Mention on our website
- Mention in the program outside of the scientific agenda
- Mention in our member eblasts leading up to the conference
- A discount for next year

SILVER LEVEL – \$500 _____

- Mention in the digital and online program outside of the scientific agenda

Amount: _____



SPONSORSHIP AGREEMENT
MiSEPS 52nd Annual Conference – August 7 – 8, 2020

Please complete the below contact information to facilitate communication with Company Representatives:

1)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

2)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

3)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

4)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

Representatives may virtually attend CME activities for education purposes only at the discretion of MiSEPS. As observers these representatives are not allowed to engage in sales or marketing activities while in the space of the educational activity and may not actively participate during the Q & A portion of the CME activity.

Completed by _____

Signature

Name/Date

*Return to jlabranche@miseps.org or mail to 15415 East Jefferson Ave, Grosse Pointe Park, MI 48230
or fax to (313) 822-4233*