

Supporter Form—Submit by Mail or Fax

Alliance for Continuing Medical Education's 37th Annual Conference Support Form

Saturday–Tuesday, January 21–24, 2012

Grande Lakes Orlando—The Ritz-Carlton® and JW Marriott®, 4040 Central Florida Parkway, Orlando, FL 32837

Support this conference, if your organization wishes to

- Heighten the awareness of your organization with 1,500+ conference participants before, during, and after this conference.
- Broaden your visibility in the CME/CE/CPD field.
- Help the Alliance meet its financial obligations, as well as maintain conference benefits and keep fees reasonable.

Contact Person

First Name _____ Last Name _____ Degree(s) _____

Title _____ Organization _____

Work Street Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Work Tel ____ / ____ - ____, ext. ____ Fax ____ / ____ - ____ Toll-Free ____ / ____ - ____, ext. ____

E-mail Address Required to Receive E-mail Confirmation _____

Organization Name — for Use in Acknowledgements

Organization Logo — for Use in Acknowledgements

Specifications

- Platform — Mac or PC; PC Fonts Must be saved as Art
- File Type — Photoshop, Illustrator, EPS, TIF, PDF, JPG
- Quality — 300 dpi
- Color — CMYK or RGB
- Size — 6 inches or larger

Submission

- Submit by e-mail attachment to Jay Brown at jbrown@acme-assn.org for review by Alliance's Executive Director.

Receipt Deadline

Receipt deadlines vary based on production time of each support opportunity. For the deadline for a particular support opportunity, contact Jay Brown, Project Manager and Meeting Planner (205/453-0878, jbrown@acme-assn.org).

For your form to be processed, please complete next page.



Support Type

- Wireless Internet Access (in Meeting Space and Exhibit Hall) **(New)**
- *Final Program*
- *Mini Schedule at a Glance*
- Name Badge Holders
- Tote Bags

Support Fee

- \$1,000
- \$2,000
- \$3,000
- \$5,000
- \$5,000
- \$5,000
- \$7,500

Payment Total

\$ _____

Payment Method

- Check (US Funds Payable to the Alliance for Continuing Medical Education)
- Credit Card (Charge from the Alliance for Continuing Medical Education Appears on Your Statement)
 - VISA MasterCard American Express Discover

Cardholder's Name _____ Security Code from Credit Card _____
Credit Card Number _____
Expiration Date _____ / _____ Credit Card Billing Address Zip Code _____
Signature _____

By signing this completed form, submitting full payment, and providing the organization, not product, name and logo, I am providing support for the Alliance's 37th Annual Conference, as well as agreeing to abide by the Guidelines outlined in that Web link under Supporters. All guidelines will be enforced without exception. The Alliance reserves the right to dismiss, without refund or appeal for redress, any supporter violating these guidelines.

Organization Representative's Signature _____ Date ____/____/____
(Typing your name above constitutes your signature.)

Alliance for Continuing Medical Education
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The Alliance for Continuing Medical Education is a 501(c)(3), nonprofit, professional association.
Its federal tax identification number is #06-0999696.

[Click Here](#) for information about and/or to participate in the Give Back to Orlando Service Project.

