



2012 STM Annual Meeting Support Contract

Deadline: March 1, 2012

Company Name: _____

Contact Person: _____

Mailing Address: _____

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

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Support Package Options:

	<u>Price Each</u>		<u>Quantity</u>		<u>Total</u>
<input type="checkbox"/> Sustaining Sponsor	\$10,000.00	x	_____	=	\$ _____
<input type="checkbox"/> Platinum Sponsor	\$5,000.00	x	_____	=	\$ _____
<input type="checkbox"/> Gold Sponsor	\$3,500.00	x	_____	=	\$ _____
<input type="checkbox"/> Exhibitor Booth	\$1,500.00	x	_____	=	\$ _____
<input type="checkbox"/> Annual Website Logo Advertisement	\$1,000.00	x	_____	=	\$ _____
<input type="checkbox"/> Registration Packet Stuffer	\$500.00	x	_____	=	\$ _____

Total Support Amount: \$ _____

Payment Information:

Check (*made payable in U.S. funds on a U.S. bank to: Society for Thermal Medicine*)

VISA

MasterCard

Discover Card

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

- I hereby contract with the Society for Thermal Medicine (STM) to support the 2011 STM Annual Meeting as outline above.
- I understand that our supporting funds are to arrive at STM headquarters no later than March 1, 2011.
- I agree to provide STM with an electronic copy of our corporate logo & authorize use of this logo as noted above for the lasted purpose of sponsor identification.
- I understand that this contract may not be changed or cancelled after the closing deadline of April 1, 2010.

Please send contract & all materials to:

*STM 2011 Annual Meeting
c/o Kate Counter – Meeting Manager
810 East 10th Street
Lawrence, KS 66044 U. S. A.*

This form may also be faxed or e-mailed to 785/843-1274 or STMmeeting@allenpress.com