

**2015 STM Annual Meeting Support Contract**

*Deadline: February 1, 2015*

Company Name: \_\_\_\_\_

Pre-Event Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Support Package Option:**

	<i>Price Each</i>	<i>Quantity</i>	<i>Total</i>
Diamond Sponsor	\$10,000 x	_____	= \$ _____
Platinum Sponsor	\$7,500 x	_____	= \$ _____
Gold Sponsor	\$5,000 x	_____	= \$ _____
Silver Sponsor	\$3,500 x	_____	= \$ _____
Bronze Sponsor	\$2,500 x	_____	= \$ _____
Friends	\$1,500 x	_____	= \$ _____
Annual Website Logo Advertisement	\$1,000 x	_____	= \$ _____
Lunch or Dinner Satellite Symposia	\$1,500 x	_____	= \$ _____
Pre- or Post-Conference Workshop	\$3,500 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 of Thermal Medicine (STM) to support the 2015 STM Annual Meeting as outlined above.
- I understand that our supporting funds are to arrive at STM headquarters no later than February 1, 2015.
- 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 February 1, 2015.

**Please send contract & all materials to:**

*STM 2015 Annual Meeting  
c/o Chris Lapine – Association Manager  
810 East 10<sup>th</sup> Street  
Lawrence, KS 66044 U.S.A.*

**This form may also be faxed to (785) 843-1274  
or emailed to STMmeeting@allenpress.com**