



173rd ANNUAL CONVENTION SPONSOR/ADVERTISER AGREEMENT

The organization below has entered into this contract with the ISMA for the services indicated below.

PLEASE PRINT OR TYPE

Contact name: _____ Title: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

ISMA Convention Sponsorships - Sept. 9-11, 2022

PLATINUM LEVEL - Includes **ALL** options below for \$5,000

GOLD LEVEL - Choose any **FOUR** options below for \$2,000

SILVER LEVEL - Choose any **TWO** options below for \$1,000

Sponsorship Options:

Exhibit table in registration hallway

Your brand/link in ISMA Events app sponsor tab (reach approximately 250 ISMA members)

Access to list of registrants (names and business addresses only of approximately 250 ISMA members)

Screenshot of brand with live "Thank you" from Speaker of the House of Delegates

Sponsor provided 30 second video/commercial aired during convention weekend

Sponsor listing to ISMA social media followers (approximately 3,000 individuals) during convention

Sponsor listing in ISMA e-newsletter and print newsletter to subscribers (approximately 9,000 ISMA members) post-convention

Sponsor listing on video display

Sponsor listing on ISMA website pre- and post-convention

For additional sponsor options or questions, contact dalbin@ismanet.org.

Instructions to Validate Agreement

Fill out, sign, and return a copy of the completed agreement to npeetz@ismanet.org.

To pay by check, send a check for the appropriate amount to:

Indiana State Medical Association

322 Canal Walk

Indianapolis, IN 46202

OR

To pay by credit card, call (317) 261-2060.

Send an email attachment with your company ad/logo in high resolution PDF, TIFF or EPS to npeetz@ismanet.org.

ISMA retains the right to edit, reject or cancel any sponsorship or advertisement. Sponsorship or advertising that conflicts with the goals and mission of ISMA or that negatively influences public health in any way will not be accepted. Sponsor/Advertiser agrees to indemnify, defend, and hold harmless the ISMA for any and all claims, suits, judgments, damages, and costs, of whatever nature, relating to the Sponsor/Advertiser's copy appearing in the ISMA's publication and/or at the ISMA's event.

Signature: _____ Date: _____

Signature of Authorized Representative

Signature: _____ Date: _____

Indiana State Medical Association, Julie Reed, Executive Vice President