LAFAYETTE PARISH MEDICAL SOCIETY

P.O. Box 51905, Lafayette, LA 70505
Phone 337-232-2860 ▪ Fax 337-232-5280 ▪ www.lpms.org

2010 PARTNER AGREEMENT

(Federal Tax ID #72-1066120)

The Lafayette Parish Medical Society, by receipt of the completed Partner Agreement, accepts this commitment of Partnership From Company/Organization)_____, in the amount of $_____, which is at the _____ Partner level. This level of support entitles the Company/Organization to all benefits for that level as outlined on the 2010 Partnership Opportunities. If that level of support contains an option for participation at a Lafayette Parish Meeting, please indicate, by checkmark, which meeting _____Doctor's Day, _____Summer or _____Fall your Company/Organization will attend. Should the integrity of this event be comprised for any reason, the producers of this event can reschedule without penalty. No refunds of support will be issued.

PARTNER

Company/Organization: _____

Representative Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

By signing this agreement I represent and warrant that I have authorization to execute this binding agreement on behalf of the company/organization named above.

Signature: (Required) _____ Date: _____

Contact Person (If different from Authorized Signer): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Lafayette Parish Medical Society

Name: _____ Title: _____

Signature: _____ Date: _____

Return your completed Partner Agreement, with payment, to the address indicated above.
For Additional Information Contact: Kristi Prevost at 337-232-2860 or staff@lpms.glacoxmail.com

PARTNER OPPORTUNITIES ON REVERSE