

166th Missouri State Medical Association Annual Convention

April 5-7, 2024 | Renaissance St. Louis Airport Hotel | www.msma.org/convention

Convention Sponsor Opportunity Application

Payment secures contract for sponsorship.

Contact Information

Sponsor Name _____

Sponsor Contact Person _____

Address _____

City/State/Zip _____

Tel _____

Email _____

Sponsor Opportunity

Sponsor Friday, April 5 Opening Reception | Exclusive

___\$7,500

Sponsor(s) Educational Table

___\$4,500

Sponsor Saturday, April 6 Product Theater(s) | Exclusive

Limit 2: Breakfast or Luncheon

___\$7,500

Sponsor(s) Sunday, April 7 Breakfast

___\$3,000

Sponsor(s) Saturday, April 6 Presidential Reception

___ Minimum donation \$5,000 each sponsor

Sponsor Entryway and Registration Desk | Exclusive

___\$3,000

Official Program Advertisement

Full page ___\$1,000

Half page ___\$500

Payment Method

Payment Amount \$ _____

___ By Check/Payable to MSMA

___ Credit Card

Name as it appears on card _____

Billing Address _____

City/State/Zip _____

Card Number _____

CVV/CVC/CID # _____

Expiration Date _____

Tel _____

Signature _____



Please direct questions and completed documents to:
573-691-4506 – bstennis@msma.org
For details, visit www.msma.org/Convention-Sponsor