



Sponsorship and Advertising Application

Submit your completed form to events@sdms.org for processing.

Sponsorship(s) being purchased: _____

Advertising option(s) being purchased: _____

SDMS Organizational Member? **Yes** If yes, please provide SDMS #: _____ **No** If no, please visit sdms.org/organizations

Company Name _____

Division/Dept. _____

Mailing Address _____

City _____ State/Province _____ ZIP+4/Postal Code _____

Country _____ Website _____

Point of Contact

(All sponsorship and advertising information will be emailed to the point of contact)

Name _____

Title _____

Phone _____

Email _____

Payment

Sponsorship \$ _____

Advertising \$ _____

Total Due \$ _____

Full Payment or \$ _____

Deposit (50% of Total Due) \$ _____

Balance Due by August 14, 2020 \$ _____

I hereby authorize the SDMS to process payment based on payment method selected below for the amount listed.

Signature of Authorized Representative Date

Name of Authorized Representative (Please print or type)

Payment Method

Check enclosed for \$ _____ (Payable to SDMS, drawn on US bank and payable in US funds)

American Express Discover MasterCard Visa

Credit Card # _____ Expiration Date _____ CID (3 or 4 digits) _____

Name on Card _____ Cardholder's Signature _____

Billing address for Credit Card Holder _____

City _____ State/Province/Country _____ ZIP+4/Postal Code _____

Payment by check authorizes the SDMS to process funds by electronic fund transfer (ACH).