**Delaware County Medical Society**

**Holiday Social Sponsor Application**

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of exhibitor representative(s) for name badges: (**limit two**)

 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of products and/or services:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_Yes please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor cost for the event - $\_\_\_\_\_\_ - Payment is due on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment – make checks payable to *Delaware County Medical Society* and send to the DCMS office at PO Box 745 Devon, PA 19333-0746 - OR submit credit card payment through** [**www.delcomedsoc.org**](http://www.delcomedsoc.org)

Vendor authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCMS representative signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions**: In the event that the social is cancelled, regardless of reason, and exhibits are not opened, the hosts of this event will not be held liable for any and all expenses incurred by the sponsor except for the prepaid sponsor fee as stated above. Further, the sponsor will indemnify and hold harmless the social hosts from any and all claims arising from and in connection with: (1) any accident, injury or damage whatsoever to the vendor and/or any of its agents or personnel; (2) any articles left by the sponsor and/or its agents or personnel; (3) any presumed theft of articles, personal or otherwise, belonging to the sponsor and/or its agents or personnel. Sponsors are expected to conduct themselves professionally at all times. Your signed acknowledgement above indicates that you have read and understood the terms and conditions of this agreement and are bound by these terms and conditions. When countersigned by an authorized event host representative above, this application will serve as a contractual agreement.