

2024 Sponsor and Registration Form

\$10,000 Diamond Sponsor

Includes 12 tickets
Priority Seating
Logo recognition on signage

\$5,000 Platinum Sponsor

Includes 6 tickets
Recognition on signage

Sponsor Name: _____
(as you would like it listed in materials):

Contact Name: _____

Email: _____ Phone: _____

Enclosed, please find my check.

Please email me an invoice.

Please email me a link to process a secure credit card payment.

Individual Tickets

Priority Seating

___ \$500 general admission
___ \$400 MCMS members

Mezzanine Seating

___ \$300 general admission
___ \$250 MCMS members

YP Healthcare Extenders (less than 30 years old; PA, NP, etc.)

___ \$150 YP Healthcare Extenders

Complete and return the form with your check or,
Register online at meckmed.org/events/pif-event

Contact Name: _____ Email: _____

Guest Name(s) as you would like listed on your name tag(s):

Checks and forms should be mailed to:

Mecklenburg County Medical Society
Attn: Physicians' Impact Fund Event
801 E Morehead Street, Suite 110, Charlotte, NC 28202

Please contact kiki@meckmed.org with questions.