

APPLICATION for BRANDING OPTION ellynh@amecme.com

PROMOTIONAL OPPORTUNITIES

Name of Authorizing Officer and Title (Print)

Sponsors must provide advertisements in electronic formats for approval by AEI, Advanced Medical Education. Deadline to submit advertisements for approval is December 30, 2024.

COMPANY	
Address	
City	State Zip Code
Website URL	
PRIMARY CONTACT	
Phone	Email
Payment Policy: 100% payment is due upon submission of any promotional application. Method of Payment:	
	ing: UISA MasterCard American Express
Amount to be charged \$	
Amount to be charged \$ Card #:	Expiration Date:
Amount to be charged \$ Card #: Card Holder Name (Print)	Expiration Date:Signature
Amount to be charged \$ Card #: Card Holder Name (Print) Billing Address	Expiration Date:Signature
Amount to be charged \$ Card #: Card Holder Name (Print) Billing Address City	Expiration Date:Signature