



Sponsorship/Contribution/Community Event Request Form

This form must be completed at least 60 days prior to the due date of funds requested for the associated sponsorship, contribution, and/or community event. If the form is not completed in its entirety, we will be unable to review and approve the request. Please include any additional paperwork and information (sponsorship levels, ad dimensions, pricing etc.) with your request.

General Information	
Organization/business/person(s) requesting sponsorship	
Name of sponsorship, contribution, and/or community event	
Location	
Date	
Estimated reach	
Closest MedExpress location?	
Requested amount	
Deadline for receipt of funds	

Contact Information of Requestor	
Name	
Phone	
Email	

Area of Focus				
<input type="checkbox"/> Women & Families	<input type="checkbox"/> Education K-12	<input type="checkbox"/> Colleges & Universities	<input type="checkbox"/> Seniors	<input type="checkbox"/> Business
<input type="checkbox"/> Health care	<input type="checkbox"/> Athletics	<input type="checkbox"/> Military	<input type="checkbox"/> Community	

Brief description of sponsorship, contribution, and/or event:

Creative Information – if applicable with sponsorship	
Logo or Program Ad	<input type="checkbox"/> Black & White <input type="checkbox"/> Color
Format needed	<input type="checkbox"/> PDF <input type="checkbox"/> Jpeg <input type="checkbox"/> .EPS
Deadline for creative	
Ad dimensions (specific)	

Urgent Care MSO, LLC ("MSO") is a management services company which provides management services on behalf of Private Office Practices operating urgent and walk-in care centers under the name "MedExpress." The Private Office Practice has complete authority with regards to all medical decision making and patient care. MSO shall, in no way, determine or set the methods, standards, or conduct of the practice of medicine or healthcare provided at, by, or through any Private Office Practice, or by any of its professionals. MSO provides consultation services and offers recommendations through its Chief Medical Officer for the Private Office Practice to consider, reject, revise and/or adopt as it deems fit.



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Events only	
Insurance needed to attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will table and chairs be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Media – please provide direct links associated with the sponsorship, contribution, or event.	
Facebook Page	
Facebook Event Link	
Twitter Handle	
Hashtag	

In order to ensure your request is reviewed in a timely manner, please ensure the following documents have been completed and submitted along with this form (all of which can be downloaded from MEcommunityconnections.com):

- [W9 Form](#)
- [Vendor Form](#)



Marketing Vendor Request Form

Date of Request	
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Vendor/Payee Information	
Vendor Name	
Payable To (if different than vendor name)	
Vendor Address	
Vendor City, State, Zip	

Mailing Information (if different than above)	
Vendor Name	
Vendor Address	
Vendor City, State, Zip	

ME Requestor Name

ME Requestor's Manager Name

ME Requestor Signature

ME Requestor's Manager Signature

Note: Please attach vendor W9 form and the invoice. Upon A/P's receipt of this request, checks will be available within 15 days.

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