



Industry Sponsor Program Enrollment - 2020

YES I would like to support the profession of Optometry through the Industry Sponsor Program with the MOA!

Company Name: _____
Sponsor Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office phone: _____ Fax: _____ Cell: _____
Email: _____ Website: _____
Any Additional Information: _____

Please select your desired sponsorship level.

- Visionary - \$10,000 Gold - \$7,500 Silver - \$5,000
 Bronze - \$2,500 Affiliate - \$1,500

Please make checks payable to Mississippi Optometric Association.

Cardholder Name: _____
Card Number: _____
Expiration Date: _____ / _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email for receipt: _____
Amount to be charged: _____ \$

Mail to:
Mississippi Optometric Association
141 Executive Drive, Suite 5
Madison, MS 39110

Fax to:
ATTN: Sarah Link
(601) 853-4408

Email to:
ATTN: Sarah Link
selink@mseyes.com

If you have any questions about the Industry Sponsor Program, or need additional information, please contact the MOA office.

{P} 601.853.4407 {F} 601.853.4408 {E} selink@mseyes.com {W} www.mseyes.com