



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 this document is submitted along with a [W9 form](#). The W9 must be the 2017 version of the document, signed and dated in 2018.

Should the check need to be mailed to a different address than what is listed on the W9, please insert that information below.

| Mailing Information (if different than address on W9) | |
|---|--|
| Vendor Name | |
| Vendor Address | |
| Vendor City, State, Zip | |