



Supporter/Exhibitor Letter of Commitment

This agreement is made between **Valley Presbyterian Hospital** (*Presenting Sponsor*) accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) and **International Conference Management, Inc.** (*Accredited co-sponsor*) accredited by the Council on Podiatric Medical Education

and _____

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SUPPORT PACKAGE TOTAL

Level of Support:

All support fees are payable to Valley Presbyterian Hospital ❖ Federal Tax ID 95-1945832

Company Representative Signature

Dennis A. Vitrella, Conference Director

Valley Presbyterian Hospital

Date

Please return this signed form immediately to:

Dennis A. Vitrella, Conference Director ❖ Brandy D'Heilly, Exhibits Coordinator
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA ❖ 70503 ❖ Phone 337-235-6606 ❖ FAX 337-235-7300