



Corporate Partner Application

Company Name: _____
 Street Address: _____
 City, State/Province: _____
 Zip/Postal Code: _____
 Contact Name: _____
 Phone Number/Email: _____
 Date: _____

- Complete the above information or attach a business card.
- Check the partnership level you wish to join.
- Complete the payment information.
- Return the application to MLA.

My company wishes to join as a Corporate Partner at the:
 _____ **Platinum level, \$3,100** _____ **Gold level, \$1,900** _____ **Silver level, \$1,000**

Payment _____ Enclosed is our check made payable to Medical Library Association
Information: _____ Please send us an invoice
 _____ Charge credit card: ___ Visa ___ MasterCard ___ AmEx ___ Discover
 Card # _____ Exp date: _____
 Print Name: _____
 Signature: _____

Return To:	Medical Library Association 65 E. Wacker Place, Ste. 1900 Chicago, IL 60601-7246	Phone: 312.419.9094 x17 Fax: 312.419.8950 Website: www.mlanet.org
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Corporate Partner Benefits

Level is based on annual contribution. An **X** indicates the benefit provided.

	Partner Levels		
	Platinum	Gold	Silver
Special listings and recognition in MLA publications	X	X	X
Listing on the MLANET Corporate Partner page	X	X	X
Subscription to the <i>Journal of the Medical Library Association</i>	X	X	X
Subscription to the <i>MLA News</i>	X	X	X
Updates on health information issues	X	X	X
Special recognition in the MLA annual meeting exhibit hall	X	X	X
Invitation to MLA's annual President's Reception	X	X	X
Corporate partner logo to acknowledge your company's participation as a Corporate Partner	X	X	
Priority allocation of exhibit space at MLA national meetings	X		
Top location in recognition listings	X		

Thank you for your support!