



# 2019 Sponsorship Form

Name of Company: ProAssurance/Professionals' Insurance Agency

**Contact person to whom confirmation & notices should be sent:**

Name Lee Miller  
 Mailing Address: 670 Morrison Road, Suite 210  
 City, State, Zip: Columbus, OH, 43230  
 Phone: (614) 755 8813 Email: LeeMiller@proassurance.com

**Contact person for LISTING in printed materials:**

Name: Michael Soares  
 Mailing Address: Professionals Insurance Agency, 2904 Eastpoint Blvd,  
 City, State, Zip Louisville, KY 40223  
 Phone: (800) 333 1774 Email: msoares@professionalsagency.net

Product/Service Description for printed materials (40 words or less) – can be emailed to [KMGMA@meinet.com](mailto:KMGMA@meinet.com).  
 Professionals' Insurance Agency is Kentucky's largest privately held medical professional liability insurance agency.

Through our affiliation with the PPG MedMal Program, PIA exclusively represents ProAssurance, the U.S.' industry leading healthcare professional liability carrier and one of Kentucky's most trusted insurers of physicians. Contact John DeWeese or Mike Soares at 800 333 1774 or visit www.professionalsagency.net

Do you need electrical connection in your booth? YES

List any company you wish to be near: \_\_\_\_\_

List any company you do not wish to be near: MAG MUTUAL, MEDICAL PROTECTIVE, SVMIC, EPIC

**INSURANCE AGENCY, 5/3 INSURANCE AGENCY, NORCAL**

Sponsorship Level	Benefit (see page 3)	Cost
<input type="checkbox"/>	Platinum	\$10,000
<input checked="" type="checkbox"/>	Gold	\$7,500
<input type="checkbox"/>	Silver	\$5,000
<input type="checkbox"/>	Bronze Business Partner dues + 2 booths	\$2,500

**Each sponsorship level includes annual Business Partner Membership, exhibit space at Spring and Fall Conferences (6' skirted table, two chairs and meals for two representatives) and benefits listed on page 3 of this brochure.** Please select the benefit of your choice for Platinum, Gold and Silver sponsorship levels.  
**Payments received after 13 February are subject to a 15% late payment surcharge.**

I hereby acknowledge that until accepted by KMGMA, this Contract shall constitute only an application to Sponsor KMGMA events, which may be accepted or declined by KMGMA at its sole discretion. I understand that I will be contacted to confirm acceptance of this contract. **I understand that this contract DOES NOT entitle me or my company to use of the KMGMA or MGMA logo on any printed, or digital communication.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks Payable to: <b>Kentucky MGMA</b> 11 W Monument Avenue, Suite 510 Dayton, OH 45402  or to pay by credit card, contact <a href="mailto:KMGMA@meinet.com">KMGMA@meinet.com</a>	<b>OFFICE USE ONLY:</b>  Date Received _____  Amount \$ _____ Payment Method _____
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