

JOIN US



SEVENTEENTH ANNIVERSARY

LMG'S HOLIDAY
POD FAIR &
CHARITY RAFFLE

TUESDAY, DECEMBER 4TH, 4-8PM

BELMONT COUNTRY CLUB
19661 BELMONT MANOR LANE, ASHBURN, VA

POD RESERVATION FORM

There is no charge for LMG practices to have a table display at this event. Practices are encouraged to perform demonstrations, as well as give away promotional products during this event. This year's festivities include a raffle to benefit the LMG Charitable Foundation, holiday hors d'oeuvres & a delicious buffet along other special door prize opportunities for all LMG employees. Items will be displayed and raffled off to LMG employees with tickets sales benefiting the LMG Charitable Foundation 501(c)3. Table set up is from 2-3:30pm. The event will start promptly at 4pm. One six (6) foot table with white skirted linen is provided. Tables will be pre-assigned. Please bring extension cords if the display requires electrical outlet access. Please plan to bring a dolly if one is required to transport materials. Nothing can be attached to the walls in any fashion (no tape, string, command strips, etc.). Banners may be attached to the front of the table. Display boards on stands are allowed, however, you must provide your own. Practices are solely responsible for any loss, damage, or breakage to their property and inventory. No insurance of any kind will be furnished by LMG. All pod display reservations must be received by the LMG Charitable Foundation by October 31, 2018.

While we primarily request financial sponsorships, we will gladly accept prize donations with a value of \$500 or more & the practice will be recognized at the event.

We thank you for your continued support and look forward to seeing you this year!

YES, WE WANT A BOOTH!

Does your 6 ft. table require electricity? Yes No

Does your table have a giveaway/prize/basket? Yes No

We would like to donate a prize or a monetary donation. _____

NO BOOTH BUT WOULD LIKE TO DONATE!

We would like to give a charitable donation only: \$ _____

Donate a raffle item

Description: _____ Fair Market Value of Donated Item: _____

NO PARTICIPATION.

POD CONTACT INFORMATION

Practice Name: _____

Contact Name: _____

Phone: _____

Please send completed form to Events@LMGDoctors.com no later than **October 31, 2018.**



For more information: visit <http://www.lmgdoctors.com/news-events/pod-fair-2018>.