



Corporate Advisory Council Membership Application

Contact Information

Company Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please explain how your involvement in CAC will further either OMA's focus on advancing the prevention, treatment, and reversal of the disease of obesity or OTF's mission to advance obesity treatment through clinical research and education.

Please briefly list the topics you would like to discuss with members of the Corporate Advisory Council:

Payment Information

CAC Annual Fee: Level 1 (\$10,000) Level 2 (\$5,000)

Card Number: _____ Exp. Date: ____/____

OR Check enclosed, made payable to "OMA"

By signing below, I have read and agreed to the exhibitor rules and regulations, antitrust guidelines, and terms and conditions available at www.obesitymedicineprospectus.org.

Signature: _____ Date: _____

Complete this form and return it to the Obesity Medicine Association.

MAIL: 101 University Blvd. Ste. 330 Denver, CO 80206 | **FAX:** 303.779.4834 | **EMAIL:** info@obesitymedicine.org