Collier County Medical Society
After 5 Social Hosting Program

About the After 5 Socials:

CCMS offers the opportunity for sponsors to co-host networking events for CCMS members, plus one guest each, on an approximately monthly basis. These evening events, called "After 5 Socials" regularly draw 50-100 attendees, run for two hours, and allow the sponsors one-on-one networking time with the physicians of CCMS. Sponsors are responsible for contracting with the venue and paying food & beverage costs directly, while CCMS will market the event and manage RSVPs. Sponsors may arrange to share co-hosting responsibilities (maximum of three sponsors per event).

Sponsor responsibilities:

- Provide/contract with a venue for a two-hour, weekday evening reception, plus at least one-half hour for setup and breakdown. Venue subject to approval by CCMS (suggestions provided upon request).
- Provide appetizers and approximately 2 alcoholic beverages (having non-alcoholic beverages available), for 50-100 attendees, with appropriate catering supplies and service.
- Share copies of venue and food & beverage contracts with CCMS at least three weeks prior to event.
- Carry all necessary insurance and assume liability for event if not provided by venue.
- Pay one fee of $180 per event to CCMS for marketing and administration costs (may not be split among multiple sponsors). Fee is non-refundable if event is cancelled after first invitation is distributed to CCMS members. Fee is waived for medical practices where all physicians are members of CCMS.
- Optional: provide logo for use on CCMS event marketing materials.
- Optional: provide entertainment for event.

CCMS responsibilities:

- Work with the sponsor to select a date and time appropriate for both the sponsor and CCMS members.
- Create digital marketing materials to publicize the event to CCMS members, with sponsor logo (if provided) displayed on materials, and sponsor listed as "co-host". CCMS will offer a printable version to sponsor, sponsor would be responsible for all printing costs.
- Manage attendee sign-up and registration tracking, and provide supplies and staff for check-in at event.
- Sponsor recognition on signage at check-in table, and space for sponsor handouts if sponsor provides.
- List of attendees provided to sponsor upon request, allowing at least two weeks post-event. List will include active CCMS members' office address and office phone. CCMS cannot provide emails; sponsor may ask attendees onsite.

Sponsors assume entire responsibility and hereby agrees to protect, indemnify, and defend the Collier County Medical Society (CCMS), the affiliates, officers, employees, and partners of each harmless against all claims, losses and damages; including negligence to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Sponsors' installation, removal, maintenance, occupancy or use of the event premises or a part thereof. In addition, Sponsors acknowledge that the indemnified parties do not maintain insurance covering Sponsors' property and that it is the sole responsibility of the Sponsors to obtain business interruption, property damage and comprehensive general liability insurance. We/I have read and agree to abide by all requirements, restrictions and obligations set forth in this form. We/I further acknowledge that the CCMS reserves the right to reject, at its discretion, any application to sponsor.

Event Date: _____ Time Frame: _____ Location: _____

Sponsoring Company(ies): _____

_____ _____ _____ _____
Sponsor Signature (1) Date Sponsor Signature (2) Date

_____ _____ Total Payment: ☐ $180 ☐ $0 Practice w/100% Members
Sponsor Signature (3) Date

☐ Check to CCMS ☐ AMEX ☐ VISA ☐ MasterCard Card #: _____ Exp. Date: _____

Cardholder: _____ Signature: _____

Return your completed form to: Fax (239) 435-7790, info@ccmsonline.org (please encrypt if credit card info incl)
or 88 12th St N Unit 200, Naples FL 34102