



67th CCMS ANNUAL MEETING

Saturday, June 15, 2024, 6:30-9:00pm
Arthrex One Conference Center

Collier County Medical Society cordially invites you to support our 67th Annual Meeting & Installation. The event honors our new President & officers, and features the CCMS Physician of the Year Award. We anticipate over 200 guests will join us for this celebration of Collier County physicians and CCMS.

SPONSOR PACKAGES

Presenting Sponsor - \$2,500 (Limit 3)

- Brief remarks at event (2 min.)
- Priority Logo placement in event publicity and displayed during event
- Four event tickets
- Mention in event press release
- Half-page ad in printed event program
- Opportunity to provide a handout and/or a giveaway to distribute to attendees
- Opportunity to display company's own pop-up banner sign at event, priority location
- Banner ad in "elert" newsletter or article
- Half-page ad in *The Forum* magazine (or equivalent upgrade), or an article (800 words max)

Sponsor - \$1,250

- Verbal thank you from event emcee
- Two event tickets
- Logo placed in event publicity and displayed during event
- Mention in event press release as sponsor
- Quarter-page ad in printed event program
- Opportunity to provide a handout or giveaway to distribute to attendees
- Opportunity to display company's own pop-up banner sign at event
- Banner ad in "elert" newsletter or article
- Quarter-page ad in *The Forum* magazine (or equivalent upgrade), or an article (400-word max)

Supporter - \$600

- Name placed in event publicity and displayed during event
- One event ticket
- Logo in printed event program
- Opportunity to provide a handout or giveaway to distribute to attendees
- Banner ad in "elert" newsletter or article
- Mention in *The Forum* magazine

Additional Dinner Tickets discounted to \$100 for supporters and sponsors

Contact the Medical Society for more details: (239) 435-7727 or april@ccmsonline.org

Registration & payment deadline: May 22, 2024

Sponsor/Supporter assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Collier County Medical Society, Arthrex, 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 Sponsor's installation, removal, maintenance, occupancy or use of the event premises or a part thereof. In addition, Sponsor acknowledges that the indemnified parties do not maintain insurance covering Sponsor's property and that it is the sole responsibility of the Exhibitor 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 Collier County Medical Society reserves the right to reject, at its discretion, any application to sponsor.

I have read the above agreement and agree to the terms: _____

Signature

Date

Company _____ Presenting \$2,500 Sponsor \$1,250 Supporter \$600

Primary Contact Person _____

Phone _____ E-mail _____

Attendee(s) – includes 4 tickets for Presenting, 2 for Sponsor, 1 for Supporter. \$100 each for additional tickets. Qty: _____

Name(s) _____

Total Payment \$ _____ Bill Me Check made out to CCMS American Express VISA MasterCard

Name on Card _____ Signature _____

Card # _____ Expiration Date _____

Billing Address _____

Return your completed order form to: Fax (239) 435-7790, info@ccmsonline.org,* or 88 12th St N Unit 200, Naples FL 34102

*Note-please do not email unencrypted credit card information. You can also pay online at collierctymed.securepayments.cardpointe.com/pay?total=0.00