



15th Annual Women's Health Forum

A public service of CCMS and its Foundation, providing health education for our community

Saturday, March 23, 2024 • 8:30am-1:00pm • Naples United Church of Christ

CCMS cordially invites you to join us as a sponsor or exhibitor for our annual public education event on the latest women's health issues. Approximately 300-400 attendees will enjoy presentations from CCMS member physicians with refreshment breaks in the exhibit hall.

Sponsor / Exhibitor Packages

Presenting Sponsor: ~~\$2,250~~ **SOLD OUT**

- Display table, first choice of location
- Logo with premier placement in all marketing/publicity materials and the CCMS magazine
- Brief speaking opportunity during welcome remarks
- Recognition in news releases

Major Sponsor - \$1,150

- Premier location display table
- Logo placed in event marketing
- Logo in advertising with local publications
- Logo listed in event program

Exhibitor - \$600*

- Display table
- Name listed in event marketing
- Name listed in event program
* \$300 for CCMS members who are solo practitioners

Ask about in-kind sponsorships of our refreshment breaks and gift bags!

Space is limited & reserved on a first-come, first-served basis. For maximum recognition, please confirm by 1/23/24.

Sponsor/Exhibitor AGREEMENT: Exhibit space will be assigned by CCMS. Each table will be at least 6' long (4' also available). Basic tablecloth may be available upon request; electricity may be available upon request but cannot be guaranteed. CCMS will take all reasonable precautions against loss or damage to the exhibit area but does not guarantee or insure the Exhibitor loss by reasons thereof. Exhibitors may not accept payment by any means from guests or have merchandise delivered to the exhibit area.

Sponsor/Exhibitor RESPONSIBILITY: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend CCMS, the Foundation of CCMS, Naples United Church of Christ, 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 Exhibitor's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof. In addition, Exhibitor acknowledges that the indemnified parties do not maintain insurance covering Exhibitor'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 CCMS reserves the right to reject, at its discretion, any application to exhibit.

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

Signature

Date

Company _____ Presenting ~~\$2,250~~ Sponsor \$1,150 Exhibitor \$600 CCMS Member Solo Practitioner \$300

I would like more information on in-kind sponsorship opportunities

Contact _____ Phone _____

E-mail _____ Address _____

Name(s) of Exhibit Staff (limit 2) 1. _____ 2. _____

Total Payment \$ _____ Check to CCMS American Express VISA MasterCard

Name on Card _____ Signature _____

Card # _____ Exp. Date _____ Billing Zip Code _____

Return your completed form to: Fax (239) 435-7790 or Email info@ccmsonline.org (please do not email unencrypted credit card info)

You can also submit credit card payments at <https://collierctymed.securepayments.cardpointe.com/pay?total=0.00>

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