



Spring General Membership Meeting

Tuesday, April 30, 2024, 6:00-8:00pm

Avow Ispiri Community Room, Naples

Collier County Medical Society cordially invites you to support our semi-annual educational event for CCMS physician members. Enjoy a dinner program and networking with 75-100 attendees, including physicians and their guests.

SPONSOR PACKAGES

Presenting Sponsor - \$2250 (limit 1)

- Logo on event marketing and signage, priority location
- Display table OR opportunity to provide handouts and give-aways for each attendee at event conclusion
- 2 staff tickets
- Banner ad in e-newsletter AND Quarter page ad in CCMS magazine
- Verbal thank you from event emcee

Sponsor - \$1250

- Logo on event marketing/signage
- Opportunity to provide 1 handout and/or give-away item for each attendee at event conclusion
- 1 staff ticket
- Banner ad in e-newsletter OR Quarter page ad in CCMS magazine
- Verbal thank you from event emcee

Supporter - \$550

- Name listed in event marketing and signage as space allows
- Opportunity to provide 1 handout and/or give-away item for each attendee at event conclusion
- 1 staff ticket

Sponsor reservations requested by April 9, 2024

Sponsor/Supporter assumes entire responsibility and hereby agrees to protect, indemnify, and defend Collier County Medical Society, Avow, 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/Supporter's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof. In addition, Sponsor acknowledges that the indemnified parties do not maintain insurance covering Sponsor/Supporter'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 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

Questions? Call the Collier County Medical Society at (239) 435-7727.

Company _____ Package \$2250 \$1250 \$550

Primary Contact Person _____

Phone _____ E-mail _____

Address _____

Name(s) of Attendee(s) _____

Total Payment \$ _____ Check made out 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, 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