



10th Anniversary Women's Health Forum

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

Saturday, February 3, 2018 • 8:00am-12:30pm • St. John the Evangelist Church

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 350 attendees will enjoy presentations from CCMS member physicians, as well as a free continental breakfast and refreshment breaks in the exhibit hall.

Sponsor / Exhibitor Packages

Presenting Sponsor: ~~\$2,000~~ (limit 3)

*Includes: **Sold Out***

- Display table, first choice of location
- Logo with premier placement in all marketing/publicity materials and the CCMS magazine
- 2-3 minute speaking opportunity during welcome remarks

Major Sponsor - \$1,100

Includes:

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

Exhibitor - \$550*

Includes:

- Display table
- Name listed in event marketing
- Name listed in event program

**CCMS members: contact us for solo practitioner rates*

Space is limited & reserved on a first-come, first-served basis. For maximum recognition, please confirm by 12/1/17.

Sponsor/Exhibitor AGREEMENT: Exhibit space will be assigned by CCMS. Each table will be at least 6' long. Basic tablecloth may be available upon request. 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, St. John the Evangelist Church, 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

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

Company _____ **Presenting** Sponsor Exhibitor CCMS Member
~~\$2000~~ \$1100 \$550 Solo Practitioner

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)