



2017 FALL GENERAL MEMBERSHIP MEETING

Wednesday, August 23, 6:00-8:00pm at the Hilton Naples

CCMS cordially invites you to join us as a supporter for our fall general membership meeting, featuring an educational dinner program and a cocktail/exhibit reception. We expect approximately 80-100+ attendees.

Sponsor/Exhibitor Packages

Major Sponsor - \$950

- 6ft display table, premier location, 2 staff for cocktail hour
- Logo placed in event marketing and event signage
- Logo placed in *The Forum* magazine
- One dinner ticket

"Mini" Display Table - \$550

- 3ft display table, 2 staff for cocktail hour
- Name listed in event marketing and event signage as space allows

Sponsorship Deadline is August 15, 2017

Exhibitor AGREEMENT:

The exhibit area of the Fall General Membership Meeting is for educational and scientific purposes only. Space will be assigned by CCMS staff. Each table top exhibit will be displayed on a 6' or 3' draped table. Electricity may be available upon request. Collier County Medical Society 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.

Exhibitor RESPONSIBILITY:

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend Collier County Medical Society, Hilton Naples, 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 Collier County Medical Society 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

Return your completed order form to: Fax (239) 435-7790 or Email info@ccmsonline.org. * Questions? Call us at (239) 435-7727.

Company _____ Package Major \$950 Mini \$550

Primary Contact Person _____

Phone _____ E-mail _____

Address _____

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

Dinner Attendee(s) – includes 1 comp for Major Sponsor, otherwise available at \$100 per attendee. Qty _____

Name(s) _____

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

Name on Card _____ Signature _____

Card # _____ Exp. Date _____ Billing Zip Code _____

**Please do not email unencrypted credit card information*