



61st CCMS ANNUAL MEETING

Saturday, May 19, 2018, 6:30-9:30pm
Wyndemere Country Club

Collier County Medical Society cordially invites you to join us as a sponsor or exhibitor for the 61st annual installation of our new officers. Enjoy an elegant cocktail reception and dinner program with 200+ attendees.

SPONSOR/EXHIBITOR PACKAGES

Presenting Sponsor - \$2,000

- Brief remarks at event (2-3 min.)
- Priority location display table with two staff
- Two dinner tickets
- Logo placed in event publicity & *The Forum* magazine

Sponsor - \$1,100

- Display table with two staff
- One dinner ticket
- Name and/or logo placed in event publicity & *The Forum* magazine
- Verbal, on-stage recognition at event

Shared Display Table - \$550

- ½ share of a display table, one staff
- Name listed in event publicity as space allows

Additional Dinner Tickets - \$125 pp

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

Registration & payment deadline for invitation recognition: March 19, 2018. Final deadline: April 27, 2018

Sponsor/Exhibitor AGREEMENT: Space will be assigned by CCMS staff. Each table top exhibit will be displayed on a 6' draped table. The 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.

Sponsor/Exhibitor RESPONSIBILITY: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Collier County Medical Society, Wyndemere Country Club, 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 the 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

Company _____ Presenting \$2000 Sponsor \$1100 Shared \$550

Primary Contact Person _____

Phone _____ E-mail _____

Name(s) of Exhibit Staff _____

Dinner Attendee(s) – includes 2 for Presenting, 1 for Sponsor, otherwise available at \$125 per attendee. 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 1148 Goodlette Rd N, Naples FL 34102

*Note-please do not email unencrypted credit card information.