



# 63<sup>rd</sup> CCMS ANNUAL MEETING

**Saturday, May 16, 2020, 6:30-9:30pm**  
**Wyndemere Country Club**

Collier County Medical Society cordially invites you to join us as a sponsor or exhibitor for the 63<sup>rd</sup> 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

### Mini Display Table - \$550

- ½ size display table with one staff person
- 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](mailto:april@ccmsonline.org).

**Registration & payment deadline for invitation recognition: March 2, 2020. Final deadline: April 20, 2020**

**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  Mini \$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](mailto:info@ccmsonline.org),\* or 88 12<sup>th</sup> St N, #200 Naples FL 34102

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