



# 64<sup>th</sup> CCMS ANNUAL MEETING

**Saturday, July 24, 2021, 6:30-8:30pm**

**Arthrex One Conference Center**

Collier County Medical Society cordially invites you to our 64<sup>th</sup> Annual Meeting. The celebration features the installation of our new President & officers, and the CCMS Physician of the Year Award.

## SPONSOR PACKAGES

### Sponsor - \$1,100

- Record a greeting from ~~live on~~ ~~video~~ ~~presentation~~ video played at event, or verbal thank you from event emcee
- Logo placed in event publicity and background image during ceremonies
- Mention in event press release as sponsor
- ~~page~~ ~~in~~ ~~the~~ ~~event~~ ~~program~~
- ~~provide~~ ~~a~~ ~~handout~~ ~~and~~ ~~to~~ ~~distribute~~ ~~to~~ ~~attendees~~
- Banner ad in CCMS "elert" newsletter or article (200-word summary with link to full article)
- Quarter-page ad in *The Forum*, the CCMS member print magazine, or article (400-word max)
- **NOTE**

### Supporter - \$550

- Verbal thank you during event from event emcee
- Name placed in event publicity, event program, and background image during ceremonies
- ~~in~~ ~~digital~~ ~~event~~ ~~program~~ ~~document~~
- Opportunity to provide a handout or giveaway item for CCMS to distribute to attendees
- Banner ad in CCMS "elert" newsletter or article (200-word summary with link to full article)
- Mention in *The Forum*, the CCMS member print magazine
- **NOTE**

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

**Sponsorship Deadline: July 16, 2021**

Company \_\_\_\_\_ Sponsor ~~\$~~1,100 Supporter \$550

Primary Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Staff attending virtual meeting (note which will be utilizing speaking opportunity): \_\_\_\_\_

Please let us know if you are interested in donating door prizes for the event attendees: \_\_\_\_\_

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.