



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

**Saturday, November 13, 2021, 6:30-9:00pm**

**Arthrex One Conference Center**

Collier County Medical Society cordially invites you to support our 64<sup>th</sup> Annual Meeting (rescheduled from July 24). The celebration honors our new President & officers, and features the CCMS Physician of the Year Award.

## SPONSOR PACKAGES

### Sponsor - \$1,100

- Opportunity to provide a recorded greeting from company representative to be 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
- Half-page ad in printed event program
- Opportunity to provide a handout and/or a giveaway item for CCMS 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* (or equivalent upgrade to existing ad reservations, the CCMS member print magazine, or an article (400-word max)
- Includes one event ticket; opportunity to purchase additional event tickets at \$125 is pending; please stay tuned.

### Supporter - \$550

- Verbal thank you during event from event emcee
- Name placed in event publicity and background image during ceremonies
- Logo in printed event program
- Opportunity to provide one handout or one 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:** Currently, due to safe capacity limits event attendance is for members and their guests, and \$1,100 level sponsors only. Please stay tuned for updates.

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

**Sponsorship Deadline: November 4, 2021**

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

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

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

Person attending (applicable to \$1,100 sponsors):  
\_\_\_\_\_

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.