



# NEW MEMBERS WELCOME RECEPTION

**Friday, December 9, 2022, 6:30-9:00pm**

*Neighborhood Health Clinic, Van Domelen Education and Wellness Building*

Collier County Medical Society cordially invites you to join us as a sponsor for this annual social event to welcome our new members. Enjoy an evening of networking and refreshments with 100-125 attendees.

## SPONSOR PACKAGES

### Presenting Sponsor - \$2000 (limit 3)

- Premier location display table
- 3 staff tickets
- Logo placed in event marketing, *The Forum* magazine, and at event
- Speaking opportunity (2-3 minutes)

### Sponsor - \$1000

- Display table
- 2 staff tickets
- Name or logo listed in event marketing
- Name or logo displayed at event

### Shared Display Table - \$550

- Share of 1 display table
- 1 staff ticket
- Name listed in event marketing and event signage as space allows

**Sponsor reservations requested by November 28, 2022**

### Sponsor/Exhibitor AGREEMENT:

Space will be assigned by CCMS staff. Each table top exhibit will be displayed on a 6' table. Tablecloths may be available upon request. CCMS 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 Collier County Medical Society, Neighborhood Health Clinic, 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

Questions? Call the Collier County Medical Society at (239) 435-7727.

Company \_\_\_\_\_ Package  \$2000  \$1000  \$550

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

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

Address \_\_\_\_\_

Name(s) of Exhibit Staff \_\_\_\_\_

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

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Return your completed form to: Fax (239) 435-7790, [info@ccmsonline.org](mailto:info@ccmsonline.org)\*  
or 88 12th St N, Unit 200, Naples FL 34102

\*Note: please do not email unencrypted credit card information