

Future of Medicine SUMMIT XI

The New Reality of Healthcare

October 12-13, 2017
Hilton Palm Beach Airport
West Palm Beach



Palm Beach County
Medical Society Services

SPONSORSHIP OPPORTUNITIES

Reserve your participation in the Future of Medicine Summit by Friday, September 1st

Presenting Benefactor \$20,000

(limited availability)

- 8 foot exhibit table
- Premier exhibit location
- 6 Foot Banner
- Name/Logo on press releases, social media, signage, website, and program app
- Full page ad in OnCall journal
- Opportunity to introduce speaker
- 30 tickets to Summit on 10/13
- 20 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Platinum Sponsor \$10,000

- 8 foot exhibit table
- First choice exhibit location
- 6 Foot Banner
- Name/Logo on press releases, social media, signage, website, and program app
- Half page ad in OnCall journal
- Opportunity to introduce speaker
- 20 tickets to Summit on 10/13
- 10 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Gold Sponsor \$7,500

- 8 foot exhibit table
- Premier placement of exhibitor table
- Name/Logo on press releases, social media, signage, website, and program app
- Quarter page ad in OnCall journal
- Opportunity to introduce speaker
- 15 tickets to Summit on 10/13
- 6 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Silver Sponsor \$5,000

- 8 foot exhibit table
- Premier placement of exhibit table
- Opportunity to introduce speaker
- Name/Logo on press releases, social media, signage, website, and program app
- Quarter page in OnCall journal
- 10 tickets to Summit on 10/13
- 4 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Reception Sponsor \$3,000

- 8 foot exhibit table
- Premier placement of exhibit table
- Name/Logo on press releases, social media, signage, website, and program app
- Name/Logo in OnCall Journal
- Name/Logo on reception banner
- 6 tickets to Summit on 10/13
- 10 VIP Dinner tickets on 10/12

Bronze Sponsor \$2,500

- 8 foot exhibit table
- Premier placement of exhibit table
- Name/Logo on press releases, social media, signage, website, and program app
- Quarter page in OnCall journal
- 4 tickets to Summit on 10/13
- 2 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Coffee Sponsor \$1,500

- Name/Logo in program app & OnCall Journal
- Name/Logo on coffee banner
- 2 tickets to Summit on 10/13

Break Sponsor \$1,500

- Name/Logo in program app & OnCall Journal
- Name/Logo on break banner
- 2 tickets to Summit on 10/13

VIP Dinner Table Sponsor \$1,500

- Name/Logo displayed at table
- Name/Logo in program app & OnCall journal
- 10 VIP Dinner tickets on 10/12
- Name/Logo on Banner

Exhibitor/Vendor \$1,500

- 8 foot exhibit table
- Name/Logo in program app & OnCall journal
- 4 tickets to Summit on 10/13
- Name/Logo on Banner

Tote Bag Sponsor \$1,500 *(limited to 4)*

- Company name/logo on Summit tote bag
- Name in program app & OnCall journal
- 2 tickets to Summit on 10/13
- Name/Logo on Banner

Nonprofit Sponsor \$300

- 8 foot exhibit table
- Name/Logo in program app & OnCall journal
- 2 tickets to Summit on 10/13
- Name/Logo on Banner

PBCMS CIRCLE OF FRIENDS SPONSORSHIP DISCOUNT

Receive 10% off any
Sponsorship Opportunity.

To reserve participation in the Future of Medicine Summit, complete and return this form by **Friday, September 1st**. Full payment for all sponsorship commitments must be received by **September 15th**.

Future of Medicine SUMMIT XI

The New Reality of Healthcare

October 12-13, 2017
Hilton Palm Beach Airport
West Palm Beach



Palm Beach County
Medical Society Services

SPONSORSHIP COMMITMENT

To reserve participation in the Future of Medicine Summit, complete and return this form by **Friday, September 1st**. Full payment for all sponsorship commitments must be received by **September 15th**.

For exhibitors please sign Exhibit Terms and Conditions Form and send with this form and payment by **September 1st**.

Contact Person: _____

Title: _____

Company (if applicable): _____

Address: _____

Email: _____

Sponsor Levels

- | | |
|--|--|
| <input type="checkbox"/> Presenting Benefactor \$20,000 | <input type="checkbox"/> Coffee Sponsor \$1,500 |
| <input type="checkbox"/> Platinum Sponsor \$10,000 | <input type="checkbox"/> Break Sponsor \$1,500 |
| <input type="checkbox"/> Gold/VIP Dinner Underwriter \$7,500 | <input type="checkbox"/> VIP Dinner Table Sponsor \$1,500 |
| <input type="checkbox"/> Silver Sponsor \$5,000 | <input type="checkbox"/> Exhibitor/Vendor \$1,500 |
| <input type="checkbox"/> Reception Sponsor \$3,000 | <input type="checkbox"/> Tote Bag Sponsor (limited to 4) \$1,500 |
| <input type="checkbox"/> Bronze Sponsor \$2,500 | <input type="checkbox"/> Nonprofit Vendor \$300 |

Advertisement Artwork

If you do not have existing advertisement artwork that meets specifications for publication in OnCall an Ad can be created for you, for a one time charge of **\$100**.

- This Ad will only appear in the applicable issue of OnCall
- No artwork files will be provided to advertiser
- You will be given one opportunity to review and proof the Ad
- If you refuse to review or miss your review deadline the ad will run as is
- Please provide any applicable assets in a timely manner
(logos, images, necessary or specific wording and contact information as it is to appear)
- Please send all above applicable assets promptly to; katherinez@pbcms.org

I understand the above and authorize the additional charge of \$100.00.

Payment/Submission

For exhibitors the signed Exhibit Terms and Conditions Form must accompany payment.

Amount \$ _____ Check paid to PBCMSS or VISA MC AMEX

Card # _____ Exp. Date _____ Security Code # _____

Cardholder's Name _____

Cardholder's Signature _____

Questions;

Katherine Zuber

katherinez@pbcms.org or 561.433.3940 ext. 106

Return to;

Palm Beach County Medical Society

Att: FOM

3540 Forest Hill Boulevard Suite 101

West Palm Beach, FL 33406

Fax: 561.433.2385

Email: FutureofMedicine@pbcms.org

Future of Medicine SUMMIT XI

The New Reality of Healthcare

October 12-13, 2017
Hilton Palm Beach Airport
West Palm Beach



Palm Beach County
Medical Society Services

Exhibit Terms and Conditions Form

- In exchange for payment in full for the exhibit space contracted by the exhibitor, PBCMS will provide one (1) 8' x 30" skirted table and two (2) chairs. Exhibit space will not have side or back drapes.
- Standard electrical hook-up can be provided **upon request**, additional fees may apply. All illuminated displays and other equipment requiring electrical current must conform to local electrical codes. All extension cords must be 3-wire grounded and UL approved. For more information call PBCMS at 561-433-3490.
- If exhibitor requires Internet connection please advise PBCMS staff. Set up of the exhibit space is from 12noon until 4:30pm on Thursday October 12. Breakdown of the space is between 4:00pm and 5:00pm on Friday, October 13.
- Exhibitors may not affix anything to the walls, doors, floors or columns of the exhibit hall and may not place brochures, marketing materials or flyers outside of assigned exhibit space.
- PBCMS reserves the right to (a) reject any exhibit application; (b) reject, prohibit, restrict or otherwise require modification of any exhibit for any reason; and (c) evict or ban any exhibitor whose exhibit, materials or conduct is objectionable for any reason.
- Violation of any regulations on the part of the exhibitor, its employees or agents shall void the right to occupy space, and such exhibitor will forfeit to PBCMS all monies that may have been paid. Upon evidence of violation, PBCMS may take possession of the space occupied by the exhibitor and may remove all persons and goods at the exhibitor's risk. The exhibitor shall pay all expenses and damages that PBCMS may thereby incur.
- Exhibitor agrees to be responsible for his/her own property. Exhibitor shall release and hold harmless and indemnify the Palm Beach County Medical Society (PBCMS) and/or the Airport Hilton, West Palm Beach from any and all claims, obligations, liabilities, causes of action, lawsuits, damages, loss or theft of property and assessments, including legal fees, that result from an allegation of negligence on the part of the exhibitor, PBCMS or third parties in the use of or activities in connection with the use of the exhibit space.
- If an exhibitor or sponsor wishes to cancel, written notification must be sent to PBCMS. Cancellations after September 28, 2017 will not be granted a refund.
- **Special Accessibility Needs** - In accordance with the Americans with Disabilities Act, PBCMS will make all reasonable efforts to accommodate persons with disabilities at the 11th Anniversary Future of Medicine Summit. Please email your request by **October 3, 2017** to katherinez@pbcms.org or send your request in writing to PBCMS attn: FOM - 3540 Forest Hill Boulevard Suite 101 West Palm Beach, Florida 33406.

Agreement Statement

YES, I have read, understand and will abide by this Exhibit Terms and Conditions Form and agree to participate in the Future of Medicine Summit 11th Anniversary as an exhibitor as indicated on this form.

Name _____ Date _____
Signature _____
Exhibitor _____
Phone _____ Email _____

Return to;

Palm Beach County Medical Society
Att: FOM
3540 Forest Hill Boulevard Suite 101
West Palm Beach, FL 33406
Fax: 561.433.2385
Email: FutureofMedicine@pbcms.org