



SPONSORSHIP OPPORTUNITIES

Reserve Your Participation in the Summit by Friday, April 3, 2020

FUTURE OF MEDICINE SPONSORSHIP

Bronze Sponsor \$2,500

- · 6-foot exhibit table
- Premier placement of exhibit table
- Name/Logo on press releases, social media, signage
- · Quarter Page Ad in Program
- Program Listing
- 10 tickets to Summit on 05/08

Coffee Sponsor \$1,500

- · Program Listing
- Name/Logo at coffee station
- 4 tickets to Summit on 05/08

Break Sponsor \$1,500

- Program Listing
- Name/Logo at break station
- 4 tickets to Summit on 05/08

Exhibitor/Vendor \$1,500

- · 6-foot exhibit table
- Program Listing
- 2 tickets to Summit on 05/08

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

- · Name/Logo on Summit tote bag
- Program Listing
- 2 tickets to Summit on 05/08

Nonprofit Sponsor \$300

- · 6-foot exhibit table
- Program Listing
- 2 tickets to Summit on 05/08

HEROES SPONSORSHIP

Centerpiece Sponsor \$3,500

- Name/Logo on press releases, social media, signage
- Name/logo displayed at dinner tables
- · Half Page Ad in Program
- Program Listing
- 6 tickets to Dinner on 05/07

Table Sponsor \$2,500

- Name/Logo on press releases, social media, signage
- Half Page Ad in Program
- Program Listing
- 10 tickets to Dinner on 05/07

Special Friend Sponsor \$1,500

- · Quarter Page Ad in Program
- Program Listing
- 6 tickets to Dinner on 05/07

Valet Sponsor \$750

- · Name or logo displayed at valet
- Program Listing
- 2 tickets to Dinner on 05/07

Heroes Friend Sponsor \$500

- · Recognition in Program
- 2 tickets to Dinner on 05/07

To reserve participation in the Excellence in Medicine Summit, complete and return this form by Friday, April 3, 2020.

Full payment for all sponsorship commitments must be received by April 15, 2020.





JOINT PACKAGES

Presenting Benefactor \$20,000 (limited availability)

- · 6-foot exhibit table
- Premier exhibit location
- Name/Logo on press releases, social media, signage
- Two Full Page color ads in program and OnCall journal
- Opportunity to introduce speaker
- 20 Hero Dinner tickets on 05/07
- 30 tickets to Summit on 05/08

Platinum Sponsor \$10,000

- · 6-foot exhibit table
- First choice exhibit location
- Name/Logo on press releases, social media, signage
- Full Page color ad in program and OnCall journal
- Opportunity to introduce speaker
- 10 Hero Dinner tickets on 05/07
- 20 tickets to Summit on 05/08

Gold Sponsor \$7,500

- · 6-foot exhibit table
- Premier placement of exhibitor table
- Name/Logo on press releases,social media, signage
- Half Page color ad in program and OnCall journal
- Opportunity to introduce speaker
- 6 Hero Dinner tickets on 05/07
- 15 tickets to Summit on 05/08

Silver Sponsor \$5,000

- · 6-foot exhibit table
- Premier placement of exhibit table
- · Opportunity to introduce speaker
- Name/Logo on press releases, social media, signage
- Quarter Page color ad in program and OnCall journal
- 4 VIP Dinner tickets on 05/07
- 10 tickets to Summit on 05/08

Reception Sponsor \$3,000

- · 6-foot exhibit table
- · Premier placement of exhibit table
- Name/Logo on press releases, social media, signage
- Name/Logo in program and OnCall journal
- · Name/Logo at reception
- 10 VIP Dinner tickets on 05/07
- 6 tickets to Summit on 05/08

Program Underwriter \$2,500

- Full Page Ad in Program
- Signage Recognition at Luncheon
- Program Listing
- 2 Dinner tickets on 05/07
- 4 tickets to Summit on 05/08

PROGRAM BOOK ADS

Full Page \$750 1/2 Page \$500 1/4 Page \$250

EVENT TICKETS

Thurs. / Fri. / Both

PBCMS Member \$150 / \$75 / \$215

Non-Member \$175 / \$100 / \$265

Medical Student/

Resident \$75 / \$50 / \$125

PBCMS CIRCLE OF FRIENDS SPONSORSHIP DISCOUNT

Receive 10% OFF any sponsorship opportunity

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SPONSORSHIP COMMITMENT

To reserve participation in the Excellence in Medicine Summit, complete and return this form by Friday, April

	nents must be received by April 15, 2020. For exhibitor nd send with this form and payment by April 3, 2020.
CONTACT	
CONTACT PERSON	
TITLE	
COMPANY (If Applicable)	
ADDRESS	
EMAIL	
SPONSOR LEVEL	
Future of Medicine Sponsorship □ Bronze Sponsor \$2,500 □ Coffee Sponsor \$1,500 □ Break Sponsor \$1,500 □ Exhibitor/Vendor \$1,500 □ Tote Bag Sponsor \$1,500 □ Nonprofit Sponsor \$300	Joint Packages ☐ Presenting Benefactor \$20,000 ☐ Platinum Sponsor \$10,000 ☐ Gold Sponsor \$7,500 ☐ Silver Sponsor \$5,000 ☐ Reception Sponsor \$3,000 ☐ Program Underwriter \$2,500
Heroes Sponsorship ☐ Centerpiece Sponsor \$3,500 ☐ Table Sponsor \$2,500 ☐ Special Friend Sponsor \$1,500 ☐ Valet Sponsor \$750 ☐ Heroes Friend Sponsor \$500	Program Book Ads ☐ Full Page \$750 ☐ 1/2 Page \$500 ☐ 1/4 Page \$250
ADVERTISEMENT ARTWORK	
If you need assistance creating an advertisement that meets the Program or OnCall publication specifications, please contact Laura Pierson at laura@mad4marketing or call 954-485-5448	
PAYMENT / SUBMISSION	
For exhibitors the signed Exhibit Terms an	d Conditions Form must accompany paymen
Amount \$ Check paid to F	PBCMSS or UVISA UMC AMEX
Card # E	xp. Date Security Code #
Card Holder's Name	
Card Holder's Signature	

QUESTIONS

Katherine Zuber katherinez@pbcms.org 561.433.3940 ext. 106

RETURN TO

Palm Beach County Medical Society Att: Excellence in Medicine 3540 Forest Hill Boulevard, Suite 101 West Palm Beach, FL 33406

Fax: 561.433.2385

Email: PBCMS@PBCMS.org

PBCMS.org • 561-433-3940

Palm Beach County Medical Society & Services



EXHIBITION TERMS & CONDITIONS FORM

- In exchange for payment in full for the exhibit space contracted by the exhibitor, PBCMS will provide one (1) 6' 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 561-433-3940.
- If exhibitor requires Internet connection please advise PBCMS staff. Set up of the exhibit space is from 12 noon until 4:30 pm on Thursday, May 7, 2020. Breakdown of the space is between 4:00 pm and 5:00 pm on Friday, May 8, 2020.
- 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 Hilton Palm Beach Airport 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 March 31, 2020 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 Excellence in Medicine Summit. Please email your request by April 30, 2020 to katherinez@pbcms.org or send your request in writing to:

PBCMS

Attn: Excellence in Medicine

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 Excellence in Medicine Summit as an exhibitor as indicated on this form.

NAME	
DATE	
SIGNATURE	
EXHIBITOR	
PHONE	FMAII

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West Palm Beach, FL 33406

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