

**2010 Annual Meeting Available Sponsorships**  
**Mississippi Academy of Family Physicians**  
*All dates and times are tentative*

<b>Welcome Station</b> .....	Sponsorship \$1,000
Saturday, July 10	
<b>Family Fun Night</b> .....	Sponsorship \$2,500
Sunday, July 11	
Includes entertainment, music, food, drink, etc.	
<b>5K Run/Walk</b> .....	Sponsorship \$1,500
Sunday, July 11, 6:30 a.m.	
Includes refreshments, set up, t-shirt	
<b>MAFP Business Meeting Luncheon</b> .....	Sponsorship \$2,500
Tuesday, July 13, 12:00-1:00 p.m.	
<b>Tennis Tournament</b> .....	Sponsorship \$1,500
Tuesday, July 13, 1:30 p.m.	
Includes court rentals, balls, refreshments, prizes, signage	
<b>Spouse Bingo</b> .....	Sponsorship \$1,000
Monday, July 12, 9:30 a.m.	
Includes muffins, bingo equipment, prizes, signage	
<b>Golf Tournament at The Raven</b> .....	Sponsorship \$6,000
Monday, July 12, 1:30 p.m.....	Co-sponsorship \$3,000
Sponsor Hole.....	\$500
<b>President's Reception/MAFPF Draw Down</b> .....	Sponsorship \$4,000
Monday, July 12, 7:30 p.m. – 10:30 p.m.....	Co-Sponsorship \$2,000
Includes entertainment, food and drink	
<b>Spouse Program</b> .....	Sponsorship \$2,000
Tuesday, July 13, 10:00 a.m.	
Includes speaker, favors, food, drink	
<b>Deep Sea Fishing</b> .....	Sponsorship \$1,500
Sunday, July 11	
Includes refreshments, snacks, and cameras on the boat	
<b>Slide Show</b> .....	Sponsorship \$1,500
Tuesday, July 13, 8:00 p.m.	
Photographs taken throughout meeting compiled into slideshow and shown at banquet with sponsor logo.	
<b>MAFP Annual Dinner</b> .....	Co-Sponsorship \$3,000
Tuesday, July 13, 7:30 p.m.	
<b>Breakfast for MAFP Board of Directors</b> .....	Sponsorship \$1,200
Wednesday, July 14, 7:00 a.m.	

**Favors**..... Sponsorship \$5,000  
..... Co-sponsorship \$2,500

Item to be given away at registration. Your logo will be imprinted on the item, along with artwork.

**Attendance Awards**

Sunday, July 11..... Sponsorship \$400  
Monday, July 12..... Sponsorship \$400  
Tuesday, July 13..... Sponsorship \$400  
Wednesday, July 14..... Sponsorship \$400

Cash Awards to be drawn before the start of meeting, before and after coffee breaks and at adjournment of meeting.

**Program Advertisement**

Inside Program..... Sponsorship \$500  
Inside Front/Back Covers..... Sponsorship \$750  
Outside Back Cover..... Sponsorship \$1,000

Full-Page Ads Only: Ad size 3.5" wide by 8.5" deep. Program to be given to every attendee, spouses and exhibit.

**Coffee Breaks**

Sunday, July 11..... Sponsorship \$1,500  
Monday, July 12..... Sponsorship \$1,500  
Tuesday, July 13..... Sponsorship \$1,500  
Wednesday, July 14..... Sponsorship \$1,500

Before and During General Sessions

**Continental Breakfasts:**

Sunday, July 11..... Sponsorship \$2,000  
Monday, July 12..... Sponsorship \$2,000  
Tuesday, July 13..... Sponsorship \$2,000  
Wednesday, July 14..... Sponsorship \$2,000

**Sunrise Devotionals:**

Monday, July 12..... Sponsorship \$400  
Tuesday, July 13..... Sponsorship \$400  
Wednesday, July 14..... Sponsorship \$400

6:45 – 7:00 a.m., Located outside, Includes refreshments

**Mississippi Academy of Family Physicians  
61st Annual Meeting  
Baytowne Conference Center, Destin, Florida  
July 10-14, 2010**

**Sponsor Commitment Form**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Representative: \_\_\_\_\_

Be sure that your company/firm name listed above is the way it should be listed on display. If you want the name listed differently, please print or type it below EXACTLY as you want it listed: \_\_\_\_\_

Submission of this signed form to the MAFP constitutes your commitment to serve as a sponsor for (list): \_\_\_\_\_

\_\_\_\_\_

and your agreement to pay the sponsor fee of \$ \_\_\_\_\_ or co-sponsor fee of \$ \_\_\_\_\_.

Check One: \_\_\_\_\_ Payment Enclosed  
\_\_\_\_\_ Payment to follow by mail no later than June 15, 2010

Signature (required): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Information**

Name as printed on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Amount of Due: \$ \_\_\_\_\_

(3 digit # on back of card, 4 digit # on front for Am. Exp.)

Type of Credit Card:  American Express  Discover  Master Card  Visa

*Please sign and return this form (with payment indicated above) to:*  
**Mississippi Academy of Family Physicians**

133 Executive Drive, Suite E  
Madison, MS 39110  
601-853-3302 • 888-350-4886  
FAX [601-853-3002](tel:601-853-3002) • [cheryl@msafp.org](mailto:cheryl@msafp.org)  
[www.msafp.org](http://www.msafp.org)