

2012 Annual Meeting Available Sponsorships
Mississippi Academy of Family Physicians
All dates and times are tentative

| | |
|--|------------------------|
| Welcome Station | Sponsorship \$1,500 |
| Saturday, July 14 | |
| Family Fun Night | Sponsorship \$2,500 |
| Sunday, July 15 | |
| Includes entertainment, music, food, drink, etc. | |
| 5K Run/Walk | Sponsorship \$1,500 |
| Sunday, July 15, 6:30 am | |
| Includes refreshments, set up, t-shirt | |
| MAFP Business Meeting Luncheon | Sponsorship \$2,500 |
| Tuesday, July 17, 12-1 pm | |
| Tennis Tournament | Sponsorship \$1,500 |
| Tuesday, July 17, 1:30 pm | |
| Includes court rentals, balls, refreshments, prizes, signage | |
| Spouse Bingo | Sponsorship \$1,000 |
| Monday, July 16, 9:30 am | |
| Includes muffins, bingo equipment, prizes, signage | |
| Golf Tournament at The Raven | Sponsorship \$6,000 |
| Monday, July 16, 1:30 pm..... | Co-sponsorship \$3,000 |
| Sponsor Hole..... | \$500 |
| President's Reception/MAFP Draw Down | Sponsorship \$4,000 |
| Monday, July 16, 7:30 pm – 10:30 pm..... | Co-Sponsorship \$2,000 |
| Includes entertainment, food and drink | |
| Spouse Program | Sponsorship \$2,000 |
| Tuesday, July 17, 10:00 am | |
| Includes speaker, favors, food, drink | |
| Deep Sea Fishing | Sponsorship \$1,500 |
| Sunday, July 15 | |
| Includes refreshments, snacks, and cameras on the boat | |
| Slide Show | Sponsorship \$1,500 |
| Tuesday, July 17, 8:00 pm | |
| Photographs taken throughout meeting compiled into slideshow and shown at banquet with sponsor logo. | |
| MAFP Annual Dinner | Co-Sponsorship \$3,000 |
| Tuesday, July 17, 7:30 pm | |
| Breakfast for MAFP Board of Directors | Sponsorship \$1,200 |
| Wednesday, July 18, 7:00 am | |

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 15 Sponsorship \$400
Monday, July 16..... Sponsorship \$400
Tuesday, July 17..... Sponsorship \$400
Wednesday, July 18 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.

Syllabus Sponsorship Sponsorship \$500

Includes a black and white back cover page Ad

Coffee Breaks

Sunday, July 15 Sponsorship \$1,500
Monday, July 16..... Sponsorship \$1,500
Tuesday, July 17..... Sponsorship \$1,500
Wednesday, July 18 Sponsorship \$1,500

Before and During General Sessions

Continental Breakfasts:

Sunday, July 15 Sponsorship \$2,000
Monday, July 16..... Sponsorship \$2,000
Tuesday, July 17..... Sponsorship \$2,000
Wednesday, July 18 Sponsorship \$2,000

Sunrise Devotionals:

Monday, July 16..... Sponsorship \$400
Tuesday, July 17..... Sponsorship \$400
Wednesday, July 18 Sponsorship \$400

6:45 – 7:00 am, Located outside, Includes refreshments

Mississippi Academy of Family Physicians
63rd Annual Meeting
Baytowne Conference Center, Destin, Florida
July 15-18, 2012

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 1, 2012

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

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