

**2017 Annual Meeting Available Sponsorships**  
**Mississippi Academy of Family Physicians**  
*All dates and times are tentative*

<b>Welcome Station</b> .....	Sponsorship \$1,500
Saturday, July 15	
<b>Family Fun Night</b> .....	Sponsorship \$2,500
Sunday, July 16	
Includes entertainment, music, food, drink, etc.	
<b>5K Run/Walk</b> .....	Sponsorship \$1,500
Sunday, July 16, 6:30 am	
Includes refreshments, set up, t-shirt	
<b>MAFP Business Meeting Luncheon</b> .....	Sponsorship \$2,500
Tuesday, July 18, 12-1 pm	
<b>Golf Tournament at The Raven</b> .....	Sponsorship \$6,000
Monday, July 17, 1:30 pm .....	Co-sponsorship \$3,000
Sponsor Hole .....	\$500
<b>Spouse Program</b> .....	Sponsorship \$2,000
Tuesday, July 18, 10:00 am	
Includes speaker, favors, food, drink	
<b>Deep Sea Fishing</b> .....	Sponsorship \$1,500
Sunday, July 16	
Includes refreshments, snacks, and cameras on the boat	
<b>Spouse Bingo</b> .....	Sponsorship \$1,000
Monday, July 17, 9:30 am	
Includes muffins, bingo equipment, prizes, signage	
<b>President's Reception/MAFPF Draw Down</b> .....	Sponsorship \$4,000
Tuesday, July 18, 6 pm .....	Co-Sponsorship \$2,000
Includes entertainment, food and drink	
<b>MAFP Annual Dinner</b> .....	Co-Sponsorship \$3,000
Tuesday, July 18, 7:30 pm	
<b>Slide Show</b> .....	Sponsorship \$1,500
Tuesday, July 18, 8:00 pm	
Photographs taken throughout meeting compiled into slideshow and shown at banquet with Sponsor's logo	
<b>Breakfast for MAFP Board of Directors</b> .....	Sponsorship \$1,200
Wednesday, July 19, 7:00 am	
<b>Favors</b> .....	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.	
<b>Attendance Awards</b>	
Sunday, July 16 .....	Sponsorship \$400

Monday, July 17..... Sponsorship \$400  
 Tuesday, July 18..... Sponsorship \$400  
 Wednesday, July 19..... Sponsorship \$400  
 Cash Awards to be drawn before the start of meeting, before and after coffee breaks and at adjournment of meeting.

**Advertisement**

Promotional Products ..... Sponsorship \$250

**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 16 ..... Sponsorship \$1,500  
 Monday, July 17..... Sponsorship \$1,500  
 Tuesday, July 18..... Sponsorship \$1,500  
 Wednesday, July 19..... Sponsorship \$1,500

**Continental Breakfasts:**

Sunday, July 16 ..... Sponsorship \$2,000  
 Monday, July 17..... Sponsorship \$2,000  
 Tuesday, July 18..... Sponsorship \$2,000  
 Wednesday, July 19..... Sponsorship \$2,000

**Lunches:**

Sunday, July 16..... Sponsorship \$2,500  
 Monday, July 17..... Sponsorship \$2,500  
 Tuesday, July 18..... Sponsorship \$2,500

**Sunrise Devotionals:**

Monday, July 16..... Sponsorship \$400  
 Tuesday, July 17..... Sponsorship \$400  
 Wednesday, July 28..... Sponsorship \$400  
 6:45 – 7:00 am, Located outside, Includes refreshments

**Mississippi Academy of Family Physicians**  
**68<sup>th</sup> Annual Meeting**  
**Baytowne Conference Center, Sandestin, Florida**  
**July 15-19, 2017**

**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 May 31, 2017

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

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

**Credit Card Information**

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

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

Billing Street Address/City/ Zip: \_\_\_\_\_

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 to:*  
**Mississippi Academy of Family Physicians**  
**755 Avignon Drive**  
**Ridgeland, MS 39157**  
**Phone: 601-853-3302 • Fax: 601-853-3002**  
**beth@msafp.org**