## 2019 Annual Meeting Available Sponsorships Mississippi Academy of Family Physicians All dates and times are tentative

Meeting App  Logo recognition on multiple screens of the free app	. Sponsorship \$3,000
Welcome Station	. Sponsorship \$1,500
Family Fun Night	. Sponsorship \$2,500
DJ in the Exhibit Hall Entertaining physicians and exhibitors on Monday, July 22 – Wednes	
Zen Zone in Exhibit Hall	. Sponsorship \$2,000
Golf Tournament at The Raven Monday, July 22, 1:30 pm Hole Sponsor	. Co-sponsorship \$3,000
Deep Sea Fishing Tuesday, July 23 Includes refreshments, snacks, and cameras on the boat	. Sponsorship \$1,500
Spouse Bingo Tuesday, July 23, 9 am Includes muffins, bingo equipment, prizes, signage	. Sponsorship \$1,000
Bay Day Tuesday, July 23 Families and kids take part in water sports and beach games	. Sponsorship \$2,000
President's Reception/MAFPF Draw Down Tuesday, July 23, 6 pm Includes entertainment, food and drink	·
MAFP Annual Dinner Tuesday, July 23, 7:30 pm	. Co-Sponsorship \$3,000
Slide Show	. Sponsorship \$1,500
Tuesday, July 23, 8 pm Photographs taken throughout meeting compiled into slideshow and s Sponsor's logo	shown at banquet with
Breakfast for MAFP Board of Directors	. Sponsorship \$1,200

Advertisement Marketing Piece in every attendee packet	. Sponsorship \$250
Program Advertisement Inside Program	. Sponsorship \$750 . Sponsorship \$1,000
Coffee Breaks Sunday, July 21 Monday, July 22 Tuesday, July 23 Wednesday, July 24	Sponsorship \$1,500 Sponsorship \$1,500
Breakfast Buffet: Sunday, July 21	. Sponsorship \$2,000 . Sponsorship \$2,000
Lunches: Monday, July 22 Tuesday, July 23 Wednesday, July 24	. Sponsorship \$2,500
Sunrise Devotionals:  Monday, July 22  Tuesday, July 23  Wednesday, July 24  6:45 – 7 am, Located outside, includes refreshments	. Sponsorship \$400

## Mississippi Academy of Family Physicians 70<sup>th</sup> Annual Meeting Baytowne Conference Center, Sandestin, Florida July 20-24, 2019

## **Sponsor Commitment Form**

Address.			
City:		State:	Zip:
Phone:	Fax:	E-n	nail:
Contact Representative:			
If you want the name liste	ed differently, pleas	se print or type it b	it should be listed on display. elow <b>EXACTLY</b> as you want
sponsor for (list):			r commitment to serve as a
			or co-sponsor fee of
Check One: Pa	lyment Enclosed lyment to follow by	mail no later than	n May 31, 2019
Signature (required):			
Title:		Date:	
	Payment	Information	
	Name as printed or	n Card	_
Check – payable to MAFP	Training and printing at the		
. ,		_	Expiration
Check – payable to MAFP AmEx Discover			
AmEx	Card #*Billing Street Addre	ess	

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

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