



**AVAILABLE SPONSORSHIPS**

<b>MAFP Board Meeting</b>	
Friday, October 28.....	\$1,500.00
<b>Welcome Reception/Tailgate Party</b>	
Friday, October 28.....	\$5,000.00
<b>Breakfast</b>	
Saturday, October 29 .....	\$3,000.00
Sunday, October 30.....	\$3,000.00
<b>Coffee Breaks</b>	
Saturday, October 29 .....	\$2,000.00
Sunday, October 30.....	\$2,000.00
<b>Lunch</b>	
Saturday, October 29 .....	\$4,000.00

**Sponsor Commitment Form**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

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

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 \$\_\_\_\_\_ by October 1, 2022

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (\*required)

**PAYMENT INFORMATION:** (MAFP Tax ID# 64-6025386)

**Payment in full required by Oct. 1, 2022**

- Check – make payable to MAFP
- Amex
- Discover
- Master Card
- Visa

Cardholder's Name \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Billing Street Address \_\_\_\_\_  
 Billing City/State/Zip \_\_\_\_\_  
 Auth. # \_\_\_\_\_ Amount \_\_\_\_\_  
(3 digit # on back of card, 4 digit # on front Amex)  
 Signature \_\_\_\_\_

*Please sign and return form with payment to:*  
 Mississippi Academy of Family Physicians, 755 Avignon Drive – Ridgeland, MS 39157  
 P: 601-853-3302 • F: 601-853-3002 • beth@msafp.org