

MAFP Annual Meeting Sponsorship Opportunities 2024

DIAMOND LEVEL - \$20,000

Sponsorship Includes:
Meeting App
Membership Luncheon,
Awards &
Installation Ceremony
Trade Show Bag



PLUS:

- ◆ Onsite Signage & Website Listing
- ◆ Syllabus Ad
- ◆ Post on App During Meeting
- ◆ E-Newsletter Subscription
- ◆ Advertisements in CME Session
- ◆ Ad in E-Newsletter
- ◆ Full-Page Ad in Magazine, Directory
- ◆ Broadcast E-mail

PLATINUM LEVEL - \$10,000

Sponsorship Includes:
3 MAFP Board Meetings
Past President's Breakfast
Opening Breakfast (Sunday)



PLUS:

- ◆ Onsite Signage & Website Listing
- ◆ Syllabus Ad
- ◆ Post on App During Meeting
- ◆ E-newsletter Subscription
- ◆ Advertisements in CME Session
- ◆ 1/2 Page Ad in Magazine, Directory

GOLD LEVEL - \$5,000

Sponsorship Includes:
All Coffee Breaks
All Sunrise Devotionals
Evening Slide Show



PLUS:

- ◆ Onsite Signage & Website Listing
- ◆ Syllabus Ad
- ◆ Post on App During Meeting
- ◆ E-Newsletter Subscription
- ◆ Advertisements in CME Session

SILVER LEVEL - \$3,000

Sponsorship Includes:
3 Trade Show Breakfasts



PLUS:

- ◆ Onsite Signage & Website Listing
- ◆ Syllabus Ad
- ◆ Post on App During Meeting
- ◆ E-Newsletter Subscription

BRONZE LEVEL - \$2,500

Sponsorship Includes:
Welcome Station Saturday
During Registration in
Conference Center Foyer
with refreshments



PLUS:

- ◆ Onsite Signage & Website Listing
- ◆ E-Newsletter Subscription

Mississippi Academy of Family Physicians
75th Annual Meeting
Baytowne Conference Center, Sandestin, Florida
July 21-24, 2024

Sponsor Commitment Form

Company Name: _____

Address: _____

City/State/ZIP: _____

Contact Representative: _____

Phone: _____ Fax: _____

E-mail: _____

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 _____ (level) sponsor and your agreement to pay the sponsor fee of \$ _____.

Check One: _____ Payment Enclosed
 _____ Payment to follow by mail no later than July 1, 2024

Signature (required): _____

Title: _____ Date: _____

Payment Information

Payment Method <input type="checkbox"/> Check – payable to MAFP <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Name as printed on Card _____ Billing Street Address: _____ Billing Zip Code: _____ Card #* _____ Expiration _____ Security Code _____ Signature: _____
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**For your protection and due to the insecure nature of emails which can be intercepted by malware software, we do not accept credit card numbers by email. Please forward your information by fax or US mail, or contact us directly at 601-853-3302 to provide your information over the phone.*

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