



Sponsorship Form

The Brevard County Medical Society has been serving Brevard County for over 100 years. The BCMS is the voice of the independent physician. Sponsoring the BCMS meetings and activities will give your business/organization access to the physicians of Brevard County and those physicians access to your products. More importantly it allows us to be a constant advocate for the doctor-patient relationship.

Sponsorship Levels:

_____	\$ 10,000	<i>CORPORATE</i> Banner/Web/Program/Advertising Top spot on BCMS Website for entire year w/link to their company's website Speaking spot or Panel discussion at Symposium 1 year BCMS sponsorship Speaking opportunity at all general BCMS meetings Vendor booth in Expo area and at all BCMS meetings 15 drink coupons Corporate table at BCMS annual meeting
_____	\$ 5,000	<i>PLATINUM</i> Banner/Program/Advertising Web listing w/link to their company's site Speaking spot or Panel discussion at Symposium 1 year BCMS sponsorship Vendor booth in Expo area at Symposium & at BCMS annual meeting 10 drink coupons
_____	\$ 2,500	<i>GOLD</i> Program/Advertising Web Listing Vendor booth in Expo area at Symposium 5 drink coupons
_____	\$ 1,000	<i>SILVER</i> Program Listing Web Listing Vendor booth in Expo area at Symposium
_____	\$ 500	<i>BRONZE</i> Program Listing Web Listing

Please complete the following information to secure your sponsorship.



**BREVARD COUNTY
MEDICAL SOCIETY**
www.brevardcountymedicalsociety.org

**Name of
Organization** _____

Representative: _____ **Cell#** _____

Email: _____

Total Amount Due: \$ _____

Total Amount Paid: \$ _____ **Date Paid:** _____

Form of Payment:

_____ **Check**
Amount: \$ _____
Check Number: \$ _____

_____ **Credit Card**
Type: ___ Visa/MC ___ Amex ___ Discover
Name on the card: _____
Card #: _____
Exp Date: _____
Security Code/CIV: _____

Thank you for supporting BCMS.

*For additional Sponsorship information please call **Kim Bean** at **321.684.2021***