



**MassAFP Sponsorship Application
74th Annual Meeting & Spring Refresher
March 25-26, 2022 at Royal Sonesta Boston**



Benefits / Features	Family Medicine Investor TITLE Sponsor (1 available)	Family Medicine Benefactor Sponsor (2 available)	Family Medicine Partner Meal/Break Sponsor (2 available)	Family Medicine Supporter Reception Sponsor (Sold Out)
	\$10,000	\$5,000	\$3,500	\$2,500
<i>Listing in the MassAFP Annual Meeting Program</i>	Included	Included	Included	Included
<i>Sign recognition</i>	Included	Included	Included <i>(at meal/break)</i>	Included <i>(at Reception)</i>
<i>Verbal recognition during Friday Annual Meeting and Awards lunch program. Plus 2 reserved seats.</i>	Included <i>(4 seats)</i>	Included <i>(4 seats)</i>	Included	Included
<i>Verbal recognition and 2 invites to Friday evening Reception and Poster Presentation</i>	Included <i>(4 invites)</i>	Included		
<i>Opportunity to address the audience at the Annual Meeting luncheon</i>	Included			
<i>Acknowledgement in event promotion and onsite materials</i>	Included			
<i>Prominent signage and table tents in general session ballroom</i>	Included			
<i>Opportunity to address the audience at the "Welcome" of Opening Session</i>		Included		
<i>Verbal recognition during Sponsored Meal/Break</i>			Included	
<i>Verbal recognition during Reception</i>				Included
<i>Exhibit/Display Table *</i>	Included	Included	Included	Included

Exhibit Only - \$1500 (Limited number of spots available.) This will allow you an Exhibit/Display 6 foot table.



MassAFP Annual Meeting & Spring Refresher Sponsor Application and Payment Information

Sponsorship Type Applied For:

- Family Medicine Investor Annual Meeting & Spring Refresher Sponsor**
(\$10,000 each – includes exhibit space)
- Family Medicine Benefactor Annual Meeting and Spring Refresher Sponsor**
(\$5,000 each – includes exhibit space)
- Family Medicine Partner Meal/Break Sponsor**
(\$3,500 each – includes exhibit space)
- Family Medicine Supporter Reception Sponsor**
(\$2,500 each – includes exhibit space)

Sponsorship Amount: \$ _____

Exhibit only: \$1,500

- Pay by Credit Card – we will contact you with information on how to pay via Credit Card
- Please invoice me at address below:

Name and Title: _____

Affiliation/Company: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____

Email: _____

Signature: _____

Date: ____/____/____

Please note that this is an application process. By submitting this application, you are applying for the selected sponsorship. You will be advised of your selection as a sponsor within 30 days of submission. Payment will not be processed until sponsor is notified. Payment in full is required prior to the start of the meeting (March 25, 2022).

Email, mail or fax this form to:

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