

## MassAFP Annual Meeting and Spring Refresher Sponsorship Opportunities

Sponsor Benefits	Family Medicine <i>Investor</i> TITLE Sponsor 1 Available	Family Medicine <i>Benefactor</i> Sponsor (2 available)	Family Medicine <i>Supporter</i> Reception Sponsor (1 available)	Family Medicine <i>Partner</i> Breakfast/Lunch & Break Sponsors (4 available)	Friends of Family Medicine (limited #)
	\$10,000	\$7,500	\$5,000	\$3,000	\$500
<b>Address Audience</b> <i>Opportunity to say a few words about your organization at the Annual Meeting Luncheon (2 min)</i>	Exclusive				
<b>Exhibitor Table at Event (Both Days)</b> <i>Build your brand and network</i>	Premier Location (Included)	Premier Location (Included)			
<b>Event Registration</b>	2 Complimentary registrations	2 Complimentary registrations			
<b>Event Invitations</b> <i>Friday evening Reception</i>	2 Invitations Included	2 Invitations Included	2 Invitations Included		
<b>Listing in the MassAFP Annual Meeting Program</b>	Included	Included	Included	Included	Company & Contact information included in program directory
<b>Sign Recognition</b>	Included	Included	Included <i>(at Reception)</i>	Included <i>(at meal/break)</i>	
<b>Verbal Recognition</b> <i>Friday Annual Meeting and Awards lunch program &amp; throughout event</i>	Included	Included	Included	Included	
<b>MassAFP Newsletter/Website Recognition</b> <i>Thank you &amp; brand visibility alongside conference highlights</i>	Thank you & Logo Included	Thank you & Logo Included	Thank you & Logo Included	Thank you	Thank you

MassAFP 



## 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**  
(\$7,500 each – includes exhibit space)
- Family Medicine Supporter Reception Sponsor**  
(\$5,000)
- Family Medicine Partner Meal/Break Sponsor**  
(\$3,000 each)
- Friends of Family Medicine Sponsor**  
(\$500 each)

Sponsorship Amount: \$ \_\_\_\_\_  **\*Exhibit Only Exhibit/Display 6 foot table. - \$2200 (first come, first serve)**

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 09, 2024). Questions? Email [TKennedy@mms.org](mailto:TKennedy@mms.org)**

