



TO: 2010 Sponsors

FROM: Florida Medical Manufacturers' Consortium, Inc.

RE: Invitation to Sponsor

The Florida Medical Manufacturers' Consortium, Inc. is pleased to invite your company to participate in the **2010 Florida Medical Device Symposium on April 12 – 13, 2010 at Sheraton Suites Tampa Airport Westshore in Tampa, Florida.**

By being a sponsor at the 2010 Florida Medical Device Symposium, you will not only gain exposure at the conference, you will also receive special benefits available only to sponsors. Benefits range from promotion of your company, brand recognition, acknowledgement in the conference program and much more.

Forms should be returned to FMMC at 2699 1<sup>st</sup> Avenue North, St. Petersburg, FL 33713 or faxed to (727) 565-1986.

Should you need any additional information, please contact us by phone at (727) 235-6313. We look forward to working with you in Tampa for the 2010 Florida Medical Device Symposium!

### **Hotel Information**

The newly renovated [Sheraton Suites Tampa Airport Westshore](#) is just a short complimentary shuttle ride from the airport. It is right in the middle of the Westshore business district, off Interstate 275 – an ideal locale for business or leisure.

To make a reservation, call Sheraton Suites Tampa Airport Westshore at (813) 873-8675 and request a room for the Florida Medical Device Symposium to receive the special room rate of \$119.00 per night.



Florida Medical Manufacturers' Consortium, Inc.

□ *Linking technologies that save lives* □

## Sponsorship Opportunities

<b>Platinum Level</b>	<b>\$5,000 (Limit 2)</b> 4 attendee registrations Logo on marketing materials & conference signage Logo recognition in event program Exclusive full page ad in event program Recognition throughout event Opportunity to place one marketing item at each seat at lunch Recognition on signage at lunch 1 vendor table top display
<b>Gold Level</b>	<b>\$2,500 (Limit 4)</b> 2 attendee registrations Logo on marketing materials & conference signage Logo recognition in event program
<b>Silver Level</b>	<b>\$1,000 (Limit 10)</b> 1 attendee registration Logo recognition in event program
<b>Break</b>	<b>\$500 (3 Available)</b> Recognition on signage at refreshment break

Florida Medical Manufacturers' Consortium

[www.FlaMedMfg.org](http://www.FlaMedMfg.org)



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**Florida Medical Device Symposium**  
**April 12 – 13, 2010 • Sheraton Suites Tampa Airport Westshore, Tampa, Florida**

**Sponsor Registration Form**

Contact Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**FMMC Sponsor Fee**

Platinum Level	\$5,000	=\$ _____
Gold Level	\$2,500	=\$ _____
Silver Level	\$1,000	=\$ _____
Break	\$500	=\$ _____

\*Sponsor to supply camera-ready artwork and logo by January 15, 2010 to be recognized in onsite materials

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

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**Payment information (please check one)**

\_\_\_\_\_ **Check Enclosed.** Please make checks payable to the FMMC. Check # \_\_\_\_\_

**Credit Card Payment** \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

\*This is the 3 digit number that appears on the reverse of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address and Phone Number if different from registration \_\_\_\_\_

Please make checks payable to Florida Medical Manufacturers' Consortium, Inc.

Please mail registration along with payment to FMMC, 2699 1<sup>st</sup> Avenue North, St. Petersburg, FL 33713.

**Refund Policy:** Written notification is required for all refunds and must be received by the FMMC office by Monday, March 2, 2010. Written refund requests received by March 2, 2010 will receive a 50% refund. No refunds will be issued after March 2, 2010. Special

**Needs:** Please call the FMMC office at (727) 235-6313 by March 2, 2010 if you require any special accommodations or assistance.

**Questions?** For more information on the FMMC Florida Medical Device Symposium and hotel accommodations visit the website at [www.FlaMedMfg.org](http://www.FlaMedMfg.org).



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## Florida Medical Device Symposium

### Name Badge Request Form

Additional registrations for on-site representatives are available for \$199 each. This form must be returned to the FMMC office no later than **March 2, 2010**. Changes received after the deadline date, late requests and on-site badges will be processed for an additional \$25 fee.

**(Please type or print clearly)**

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**All representatives MUST wear a name badge to enter Vendor Tabletop Display Hall.**

**Please print names exactly as they should appear on the name badge:**

1). \_\_\_\_\_ 5). \_\_\_\_\_

2). \_\_\_\_\_ 6). \_\_\_\_\_

3). \_\_\_\_\_ 7). \_\_\_\_\_

4). \_\_\_\_\_ 8). \_\_\_\_\_

**Payment information** (please check one)

\_\_\_\_\_ **Check Enclosed.** Please make checks payable to the FMMC. Check # \_\_\_\_\_

**Credit Card Payment** \_\_\_\_\_ Master Card \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

\*This is the 3 digit number that appears on the reverse of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address and Phone Number if different from registration \_\_\_\_\_

**\*Please make checks payable to Florida Medical Manufacturers' Consortium, Inc.**

Authorized signature below indicates you have read and agree to the 'Name Badge Request Form' terms stated above:

\_\_\_\_\_  
Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this completed form and payment to the FMMC office at:**  
2699 1<sup>st</sup> Avenue North • St. Petersburg, FL 33713 • P: (727) 235-6313 • F: (727) 565-1986

#### **Hotel Information**

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