

SPONSORSHIP FORM

	<i>\$2,500</i> Diamond	<i>\$2,000</i> Platinum	<i>\$1,500</i> Gold	<i>\$1,000</i> Silver	<i>\$500</i> Bronze
Recognition as a premier sponsor on all printed material related to event from date of commitment	<i>X</i>				
Logo placement on conference page of Missouri Academy of Family Physicians' website from date of commitment	<i>X</i>	<i>X</i>			
Promotional insert (<i>provided by sponsor</i>) included in registration packets given to attendees (<i>ONE 8.5x11 sheet, single or double sided</i>)	<i>X</i>	<i>X</i>			
Donor acknowledgement on social media from date of commitment	<i>X</i>	<i>X</i>	<i>X</i>		
Complimentary full-color ad in the <i>Missouri Family Physician</i> magazine (<i>Issue immediately following conference</i>)	<i>X</i> <i>1/2 page ad</i>	<i>X</i> <i>1/2 page ad</i>	<i>X</i> <i>1/4 page ad</i>	<i>X</i> <i>Business card size ad</i>	
Donor Logo/Name displayed on conference signage	<i>X</i> <i>Logo</i>	<i>X</i> <i>Logo</i>	<i>X</i> <i>Logo</i>	<i>X</i> <i>Name</i>	<i>X</i> <i>Name</i>

Questions? Please contact the MAFP office at office@mo-afp.org or call (573) 635-0830.
The Missouri Academy of Family Physicians appreciates your support.

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COMPANY INFORMATION:

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

**Please select conference(s)
you will be sponsoring:**

Show Me Family Medicine
Conference (June)

Annual Fall Conference
(November)

SPONSORSHIP AMOUNT:

Sponsorship Level (please check appropriate box or complete the "Other Sponsorship Amount" section if you would like to contribute a sponsorship amount not listed):

\$2,500

\$2,000

\$1,500

\$1,000

\$500

Diamond

Platinum

Gold

Silver

Bronze

Other Sponsorship Amount: _____

CREDIT CARD AUTHORIZATION:

Name of Card Holder: _____

Amount: _____ Date: _____

Type of Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV # (on back of card): _____

Signature: _____

**Missouri Academy of
Family Physicians**
722 West High Street
Jefferson City, Missouri 65101

**THANK YOU
FOR YOUR
SUPPORT!**