



# 2019 CFC International Family Medical Conference

Grand Hyatt Tampa Bay  
July 10 - 13, 2019

## Sponsorship Opportunities

INCLUDES	PRESENTING SPONSOR	FAMILY GALA SPONSOR	KEYNOTE LUNCHEON SPONSOR	FAMILY WORKSHOP SPONSOR	WELCOME RECEPTION SPONSOR	CHILDREN'S CAMP SPONSOR	DAY 2 LUNCHEON SPONSOR	FAMILY CLINIC SPONSOR	OPENING BREAKFAST SPONSOR	WORKSHOP BREAKFAST SPONSOR	MOM'S NIGHT OUT SPONSOR	DAD'S NIGHT OUT SPONSOR	CLINICIAN DINNER SPONSOR	FAMILY POOL PARTY SPONSOR	SPONSOR A FAMILY
Investment	\$25,000	\$15,000	\$10,000	\$10,000	\$7,500	\$7,500	\$7,500	\$5,000	\$5,000	\$5,000	\$2,500	\$2,500	\$2,500	\$2,500	\$1,000
Number of registrations.	8	4 + 4 gala	4	4	2	2	2	2							
Name on Website and Program	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Logo on all materials, email, website, social media.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Item or literature in family goody bags.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Exhibit Table	✓	✓	✓	✓											
Additional Benefits (below)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

### ADDITIONAL SPONSOR BENEFITS

**PRESENT IG:** LOGO ON AV, BAGS SHIRTS, AND PODIUM. WELCOME MESSAGE AT OPENING BREAKFAST, GALA AND REGISTRATION SIGNAGE.

**GALA:** LOGO ON TABLES AT GALA, ON AV, OPPORTUNITY TO SPEAK  
**FAMILY WORKSHOP:** WELCOME FAMILIES AND INTRODUCE SPEAKER  
**CHILDREN'S CAMP:** LOGO ON SIGNS AT CAMP LOCATIONS

**FAMILY CLINIC:** LOGO ON FAMILY SCHEDULES, AND SIGNS AT LOCATIONS  
**RECEPTION, BREAKFAST, LUNCHEON:** LOGO ON AV, SIGNAGE ON TABLES, OPPORTUNITY TO SPEAK BRIEFLY

**MOM AND DAD'S NIGHT OUT, CLINICIAN DINNER:** SIGNAGE AT LOCATION  
**FAMILY POOL PARTY:** SIGNAGE AT POOL AND ONE PROMO ITEM WITH NAME OR LOGO (PROMO ITEM SUPPLIED BY SPONSOR)



# 2019 Family Medical Conference Sponsor

## THANK YOU FOR BEING "ONE IN A MILLION!"

PO Box 55157

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(727) 827-7368

### Choose your sponsorship Level:

- Presenting
- Family Workshop
- Day 2 Luncheon
- Workshop Breakfast
- Clinician Dinner
- Family Gala
- Welcome Reception
- Family Clinic
- Dad's Night Out
- Sponsor a Family
- Keynote Luncheon
- Kids' Camp
- Mom's Night Out
- Family Pool Party

Name of Sponsor:

Name as You Would Like it to Appear  
(if different from above):

Contact:

Title:  
(if applicable)

Phone:

Email:

Address:

City:

State:

Zip:

Country:

Payment (check one):

- Check enclosed
- Mailing Check
- Online Payment
- Invoice Me
- Credit Card  
(Enter below)

Credit Card .  Visa  Master Card  AMEX  Discover

CC Number

EXP

CSC

Name on Card