



TO: 2011 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 **2011 Florida Medical Device Symposium on May 2 – 3, 2011 at the Hilton St. Petersburg Carillon Park in St. Petersburg, Florida.**

By being a sponsor at the 2011 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 P.O. Box 7683, Tallahassee, FL 32314-7683 or emailed to Info@FlaMedMfg.org.

Should you need any additional information, please contact us by phone at 850.270.3158. We look forward to working with you in St. Petersburg for the 2011 Florida Medical Device Symposium!

Hotel Information

To make a reservation, call the [Hilton St. Petersburg Carillon Park](#) at (727) 540-0050 and request a room for the Florida Medical Device Symposium to receive the special room rate of \$169.00 per night.



Florida Medical Manufacturers' Consortium, Inc.

□ *Linking technologies that save lives* □

Sponsorship Opportunities

Platinum Level	\$5,000 (Limit 2) 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
Gold Level	\$2,500 (Limit 4) 2 attendee registrations Logo on marketing materials & conference signage Logo recognition in event program
Silver Level	\$1,000 (Limit 10) 1 attendee registration Logo recognition in event program
Break	\$500 (3 Available) Recognition on signage at refreshment break

Florida Medical Manufacturers' Consortium

www.FlaMedMfg.org



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Florida Medical Device Symposium
May 2 – 3, 2011 • Hilton St. Petersburg Carillon Park, St. Petersburg, 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 14, 2011 to be recognized in onsite materials

TOTAL AMOUNT DUE: \$ _____

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, P.O. Box 7683, Tallahassee, FL 32314-7683.

Refund Policy: Written notification is required for all refunds and must be received by the FMMC office by Monday, March 7, 2011. Written refund requests received by March 7, 2011 will receive a 50% refund. No refunds will be issued after March 7, 2011. Special

Needs: Please call the FMMC office at (850) 270-3158 by March 7, 2011 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.



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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 7, 2011**. 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 (Note quantity with sponsorship):

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:

P.O. Box 7683, Tallahassee, FL 32314-7683

Hotel Information

Nestled lake front on beautiful Carillon Nature Preserve, the award-winning **Hilton St. Petersburg Carillon Park** hotel is centrally located in the heart of St. Petersburg/Tampa Bay area. To make a reservation, call Hilton St. Petersburg Carillon Park at (727) 540-0050 and request a room for the Florida Medical Device Symposium to receive the special room rate of \$169.00 per night. Airport transportation available with advance reservation.