

# You're Invited....

## **2020 Duval County Medical Society Annual Meeting**



Held Virtually On:  
October 6, 2020

## **Sponsorship Prospectus**

# Event Overview

**Meeting Date:**      **Tuesday, October 6, 2020**      **6:30 – 8:00 pm**      **Virtual!**

## **Meeting Description:**

Originally planned in tandem with the DCMS Foundation's Future of Healthcare Conference, the DCMS Annual Meeting is now a stand-alone virtual event. Taking into account the uncertainty of the coronavirus pandemic and with the health and safety of our members and community in mind, our leadership has made the decision to cancel this year's Conference and re-direct our resources to better support our physicians in their hands-on battle against COVID-19. This decision was made with both deep regret and sincere commitment to our mission of improving the overall health of Northeast Florida.

The DCMS Annual Meeting component of the Conference will be conducted virtually on Tuesday, October 6, 2020 at 6:30 pm. This Town Hall-style event will feature presentations by American Medical Association President Susan Bailey, MD and Florida Medical Association President Michael Patete, MD. The annual DCMS Awards and the election of our 2021 President and Officers will also highlight the evening. This web event is free to our Member Physicians.

## **About the Duval County Medical Society:**

Founded in 1853, the DCMS was the first medical society in Florida, and serves as the voice for organized medicine in Duval County. The DCMS is a non-profit organization comprised of nearly 2,000 physicians who live or work in Duval County. Our mission is to help physicians care for the health of our community by providing legislative advocacy, professional development and educational events.

## **Show Support, Build Awareness, Make Contacts:**

Our philosophy is that together, we can make a positive impact on the health of our community. Whether through opportunities for continuing medical education, sharing best practices in practice management or embracing innovation in the industry, DCMS and our sponsor partners are leading the way. The DCMS membership roster is nearly 2,000 members strong, with industry leaders in every specialty, practice model, and experience level.

# Invitation to Sponsor

## Target Audience and General Information:

The DCMS Annual Meeting features medical thought-leaders from our community as well as the national and state arenas. Sponsorship shows support for both the DCMS mission and for our Member Physicians. We anticipate approximately 100 attendees from all stages of practice and specialties.

## Sponsorship Opportunities:

Benefits of Support	Gold \$2,000	Silver \$1,000	Bronze \$500
Your organization's logo on event webpage.	•	•	•
Recognition in pre- and post-event marketing.	•	•	•
Post-event list of with contact information.	•	•	•
Social Media promotional post through DCMS page.	4	2	1
Specific verbal recognition at meeting.	•	•	
Complimentary Advertisements in the E-Newsletter.	4	2	
Prominent Slide Recognition at Meeting.	•	•	
Opportunity to submit an article for the E-Newsletter.	•		
Logo, organization name & 75-word description listed on event webpage.	•		
Banner ad on DCMS website, 2-week display.	•		

## Contact & Payment Information:

To reserve your space, complete the exhibitor application on page 5 and send to DCMS:

Mail: DCMS  
Attn: Sallie Baumann  
P.O. Box 551538  
Jacksonville, FL 32255

Email: [sallie@dcmsonline.org](mailto:sallie@dcmsonline.org)

All sponsorships must be paid in full by September 11, 2020. Applications after this date will only be confirmed when accompanied with full payment.

# Sponsorship Terms & Conditions

A. Assignment. This Agreement is not assignable by either party without the other party's prior written consent.

B. Compliance with Law. The parties agree that they shall perform their obligations hereunder according to all laws, rules, and regulations now or hereafter in effect applicable to them. If any term or provision of this Agreement is found to be illegal or unenforceable, this Agreement shall remain in full force and effect and such term or provision shall be considered stricken to the extent it is illegal or unenforceable.

C. Non-Waiver. The parties agree that no waiver of any breach, privilege, or provision shall be construed as waiver of any future breach, privilege, or provision.

D. Authority to Contract. The individuals executing this Agreement for the respective parties represent that they have full power and authority to enter into this Agreement and that it is binding.

E. Counterpart Signature. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

F. Amendments. This Agreement may be modified or amended only in writing executed by both parties.

G. Governing Law. The validity, construction, and performance of this Agreement shall be governed and construed in accordance with the laws of the State of Florida. Any legal proceeding related to this Agreement shall be brought in a Federal or Florida state court located in Duval County, Florida.

H. Captions. The headings in this Agreement are for convenience only and do not affect the interpretation of this Agreement.

I. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto and supersedes all previous and contemporaneous oral and written negotiations, agreements, undertakings, or other commitments. No covenant or condition not expressed in this Agreement or incorporated herein by reference shall affect or be effective to interpret, change, or restrict this Agreement.

J. Notices. All notices and other communications required or permitted under this Agreement shall be in writing and shall be (i) hand-delivered, or (ii) sent by registered or certified first class mail, postage prepaid, or (iii) sent by nationally recognized express courier service. Such notices and other communications shall be effective upon receipt, and shall be sent to either party at the address listed above.

K. No Third Party Rights. Nothing in this Agreement, express or implied, is intended to confer upon any party, other than the parties hereto and their respective successors, legal representatives, and permitted assigns, any rights, remedies, obligations or liabilities under or by reason of this Agreement.

L. Confidentiality.

(i.) Any material expressly deemed to constitute "confidential information" pursuant to this Agreement shall, unless indicated otherwise below, remain offered to the other parties for the sole purpose of fulfilling the terms of this Agreement, and may not be used for any other purpose or disclosed to any other party without the expressed written consent of the transmitting party.

(ii.) As used herein, the term "confidential information" shall mean all information that is transmitted to the other party relative this Agreement.

(iii.) Each party shall utilize any received confidential information only for the purposes described in this Agreement and, upon the termination of this Agreement, shall return to the transmitting party any and all copies of confidential information not needed for purposes of this Agreement.

(iv.) The party receiving confidential information hereunder shall be held to the same standard of care in protecting such information as the receiving party normally employs to preserve and safeguard its own confidential information of a similar kind.

M. Indemnification. Each party shall indemnify and hold harmless (the "indemnifying party") the other party and its parents, affiliates and subsidiaries, and their directors, officers, employees, and representatives (the "indemnified party") under this Agreement from all claims, loss, damage, liability, judgments or settlements, including reasonable costs, expenses, and attorneys' fees incurred by the indemnified party arising out of the relationships of the parties under this Agreement and caused by the indemnifying party's (including its employees, contractors and agents) bad faith, willful misfeasance, negligent act or omission with respect to or arising from or in any way connected with the indemnifying party's services or obligations under this Agreement, unless and only to the extent said act or omission is the direct result of the instructions or acts of the indemnified party.

N. Relationship. Nothing in this Agreement shall be deemed to constitute a joint venture, partnership, or agency between the parties. All employees of either party shall be considered employees of their respective corporations and shall not be considered to be agents or employees of the other in any respect whatsoever.

O. Language Construction. The language in this Agreement shall be construed according to its fair meaning and not for or against any party hereto. The normal rule of construction to the effect that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement.

P. Authority to Contract. The individuals executing this Agreement for the respective parties represent that they have full power and authority to enter into this Agreement and that it is binding.

Q. Late Payments. All fees remaining unpaid after the event date will be assessed a 5% late charge monthly.

# DCMS Sponsorship Application

## Section 1 – Company Information

Company Name: \_\_\_\_\_  
(as it should appear on signage and printed recognition)

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

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

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

Website: \_\_\_\_\_

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

Additional emails for updates regarding meeting: \_\_\_\_\_

*\*Please attach a high-resolution logo with transparent/white background.*

**Sponsorship Level: Please Circle One**      Gold (\$2,000)    Silver (\$1,000)    Bronze (\$500)

Product or services to be exhibited: \_\_\_\_\_

☐ I agree to the DCMS exhibit terms and conditions listed on Page 4 of the sponsorship prospectus. *Please check.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 – Payment Information    (DCMS Tax ID Number: 59-0613659)

Application with the payment and other communications may be addressed to the following:

Mail: DCMS

Email: [sallie@dcmsonline.org](mailto:sallie@dcmsonline.org)

P.O. Box 551538

Jacksonville, FL 32255

Payment will be made by:      Check      or      Credit Card (below)

I hereby certify that I am an authorized representative of Member/Client, that I am an authorized signor on the credit card listed below and have the authority to authorize charges to the credit card. By signing below, I irrevocably authorize any outstanding amounts and/or charges owed to the society as of the date of the Function or cancellation of the Function to be charged to below credit card. \*All credit card payments will have a 3.5% fee added to the total.

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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