

You're Invited

Orange County Medical FOUNDATION

Black & White Gala to Benefit New Hope for Kids and the OCMS Foundation

Sponsorship Prospectus

Friday, November 16, 2018
Harry P. Leu Gardens



Orange County Medical Society
1215 East Robinson Street Orlando, Florida 32801
TEL 407.622.8188 | FAX 407.622.4614 | www.ocms.org

Invitation to Sponsor

About the Orange County Medical Foundation

As the philanthropic arm of the Orange County Medical Society, the Foundation is organized exclusively for charitable, educational and scientific purposes. All donations toward this event are tax deductible and proceeds will benefit local programs.

The OCMS Foundation has been instrumental in developing future physician leaders for our community through **scholarships provided to medical students** at the FSU College of Medicine and **donations** to the UCF Medical School. The Foundation is currently pursuing the development of a **Physician Wellness program** to provide support services for local physicians.

About New Hope for Kids

New Hope for Kids' mission is to support children and families grieving the death of a loved one and to grant wishes to children with life-threatening illnesses in Central Florida.

What are the benefits of sponsoring the Orange County Medical Foundation Gala?

- Corporate table /tickets to Gala
- Recognition in event program
- Recognition in all advertising and marketing materials
- Acknowledgement from podium during Gala
- Link to sponsor's website from OCMS website and all electronic communications related to the event
- Access to the OCMS Community in the area from all practice/specialty settings – large groups/solo and small groups etc.
- Ability to interact with attendees
- A mailing list of attendees available after the meeting.
- Promotional items placement in swag bag for attendees
- See Sponsorship Opportunities for specific benefits.

How Will OCMS Promote Your Presence at the Gala?

- You will be acknowledged on OCMS's website and in the meeting materials.
- OCMS will provide attendees with your company name, description and website address.
- Dinner with the physicians.

Gala Overview

Date: Friday, November 16, 2018
6:30 - 9:30 PM

Location: Harry P. Leu Gardens
1920 N. Forest Avenue
Orlando, Florida 32803
www.leugardens.org

Contact & Payment Information:

Complete the sponsorship application online or the attached form and send to OCMS:

Email: Lencie@ocms.org
Mail: Orange County Medical Society
1215 E Robinson Street
Orlando, FL 32801
Fax: (813) 949 8994

Important Dates & Information:

All sponsorships must be paid in full by October 16, 2018

Applications after this date will only be confirmed when accompanied with full payment.

Checks made payable to "Orange County Medical Society Foundation".

The Orange County Medical Foundation is a 501(c)(3) nonprofit organization.
Tax ID Number is FEIN 59-2932719.

Sponsorship Opportunities

Grant Sponsor \$15,000

Corporate table of 10 at Gala
Dedicated waiter during the dinner
Full page advertisement in event program
Recognition in all advertising and marketing materials
Opportunity for sponsor to speak at event (5 minutes)
Link to sponsor's website from OCMS website for 1 year
Logo with link on all electronic communications related to the event
Banner ad on the OCMS website for 1 month
OCMS Newsletter Banner Ad 1 issue

Diamond Sponsor \$10,000

Corporate table of 10 at Gala
½ page advertisement in event program
Recognition in all advertising and marketing materials
Opportunity for sponsor to speak at event (5 minutes)
Link to sponsor's website from OCMS website
Logo with link on all electronic communications related to the event
Banner ad on the OCMS website for 1 month

Platinum Sponsor \$5,000

Eight Tickets to Gala
½ page advertisement in event program
Acknowledgement from podium during Gala
Recognition on OCMS website
Logo on all electronic communications for the event.

Gold Sponsor \$2,500

Six Tickets to Gala
¼ page advertisement in event program
Recognition on OCMS website

Silver Sponsor \$1,000

Four tickets to Gala
Recognition in event program
Recognition on OCMS website

Practice/Group Table \$2,500

10 Tickets to Gala
Preferred seating in the VIP section

***Photo Takeaway Sponsor \$1,000 (Limit 1 sponsor)**

Logo placement on takeaway photo
Photo upload to social media in real time
Acknowledgement in event program

***Program Sponsor \$1,000 (Limit 1 sponsor)**

Logo placement and acknowledgement in event program.

***Swag Bag Sponsor \$500 (Limit 1 sponsor)**

Logo placement on swag bag takeaway
Acknowledgement in event program

Patron \$500

Two tickets to Gala
Name listed in event program

*(Does not include ticket to gala)

Swag Bag Promotional Item: All sponsors may provide a small promotional item (minimum 150) to be placed in the Swag Bag.

In-Kind Sponsorship: In-Kind sponsorships consist of a donation of a certain product or service instead of direct financial contribution. For example, a news organization may provide print advertising, a florist may provide flowers, a photographer may provide their services, etc., in exchange for being recognized as a sponsor. Please contact Tania Jones via [email](mailto:tanijones@ocms.org) or call 407-622-8188 to discuss the various options available.

Silent Action Donation: We are collecting items for a Silent Auction and would appreciate a donation from you or your company. Silent Auction contributions are tax deductible. All Silent Auction contributors will receive recognition in the program and will be promoted extensively in all related marketing materials.

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Terms & Conditions

- In exchange for payment in full the Orange County Medical Society Foundation (OCMS) provides the benefits as outlined on the application.
- Neither OCMS nor the facility assumes responsibility for damage to, loss, theft of property of the sponsors, the sponsors' agents, employees, or invitees.
- Payment in full is due by October 16, 2018 and after this date at the time of application. In the event that you cancel sponsorship, 50 percent of the contracted amount will be refunded to the company if OCMS receives notice of cancellation by October 14, 2018. If a sponsorship is cancelled after OCMS has incurred associated costs the costs incurred to OCMS will also be deducted from the amount to be reimbursed. After October 14, 2018 there will be no refund of sponsorship payment. All sponsorships cancellations must be submitted in writing to OCMS. No-shows are not eligible for refunds.
- In the event of failure or inability to fulfill this contract or to furnish the space due to fire, strikes, authority of the law, act of God, or any other cause or reason, OCMS agrees to return to the sponsor all deposits or other monies paid and thereupon this agreement shall be deemed canceled by mutual consent, and OCMS shall be relieved from all responsibility.
- Sponsor agrees to be responsible for his/her own property. Sponsor release, hold harmless and indemnify OCMS from any and all claims, obligations, liabilities, causes of action, lawsuits, damages and assessments, including legal fees that result from an allegation of negligence on the part of the sponsor or OCMS or third parties in the use of the event space or activities in connection with the use of event space.
- No sponsorship events outside of approved OCMS events are allowed at the facility unless approved prior by OCMS.
- If the sponsor decides to furnish a raffle prize or drawing for attendees, any intention to condition the winning prize on a future meeting or product demonstration must be clearly stated to the attendee prior to the attendee providing contact information. Failure to provide notice or follow through with delivery of the prize may subject the sponsor to review by the Board of Directors and restrictions on future participation in OCMS events.

The signature at the end of Section 1 in the application acknowledges receipt of and agrees to abide by the Rules & Regulations as published by the association which regulations are considered to be a part of the agreement between the commercial supporter and the Orange County Medical Society (OCMS) if this application is accepted by the OCMS. Acceptance of this application as an agreement between the commercial supporter and the OCMS will occur when email confirmation occurs by an OCMS representative. OCMS does not guarantee the number of attendees. It is understood that all sponsorship agreements are subject to review by the Board of Directors. It is agreed that disapproval of an exhibit by the Board of Directors will result in termination of the agreement without penalty to either party. All claims or suits arising out of the application's acceptance or rejection shall be governed by the laws of the State of Florida.

OCMS Gala Sponsorship Application

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 gala: _____

Sponsorship Level:

- | | | |
|---|---|---|
| <input type="checkbox"/> Grant Sponsor \$15,000 | <input type="checkbox"/> Gold Sponsor \$2,500 | <input type="checkbox"/> Photo Takeaway Sponsor \$1,000 |
| <input type="checkbox"/> Diamond Sponsor \$10,000 | <input type="checkbox"/> Silver Sponsor \$1,000 | <input type="checkbox"/> Program Sponsor \$1,000 |
| <input type="checkbox"/> Platinum Sponsor \$5,000 | <input type="checkbox"/> Practice/Group Table \$2,500 | <input type="checkbox"/> Swag Bag \$500 |
| | | <input type="checkbox"/> Patron \$500 |

I agree to provide a minimum of 150 items for the swag bag. Item: _____

I agree to the terms and conditions listed on Page 5 of the sponsorship prospectus.

Signature: _____ Print Name: _____ Date: _____

1. Please attach a 50 word paragraph description of your company and a **logo** (gif, png, jpg)
2. All sponsorships must be paid in full by October 16, 2018. Applications after this date will only be confirmed when accompanied by full payment.
3. Items for placement in the swag bag must be received by November 7, 2018. We reserve the right to reject any item at our discretion.

Payment Information:

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

Email: Lencie@ocms.org

Mail: Orange County Medical Society, 1215 E Robinson Street, Orlando, FL 32801

Fax: (813) 949 8994 **OCM Foundation Tax ID Number:** 59-2932719

Enclosed is a check made payable to "Orange County Medical Society Foundation" in the amount of \$ _____

Pay online at <https://ocms.site-ym.com/store/ListProducts.aspx?catid=596665>

I hereby authorize the following amount to be charged to my credit card: \$ _____

Amount Authorized: \$ _____ Card #: _____ Visa, MC, AMEX

Expiration Date: _____ Security Code or CIN Number: _____ Billing Zip Code: _____

Name as it appears on Card: _____

Mailing Address for credit card: _____

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Orange County Medical Society Foundation

2018 Black & White Gala

Friday, November 16, 2018

Harry P. Leu Gardens

Silent Auction Donation – [Online Donation Form](#)

We are collecting items for a Silent Auction and would appreciate a donation from you or your company. If you wish to contribute a gift certificate, please make the certificate valid for one year from the date of the auction. Silent Auction contributions are tax deductible. All Silent Auction contributors will receive recognition in the program and will be promoted extensively in all related marketing materials.

Item:

Item Description/Details:

Retail Value: \$

Expiration Date:

(Please make valid one year from November 3, 2017)

Silent Auction Donor Information

Company or individual name (as it will appear on recognition)

Contact Name

Address

City, ST, Zip

Phone

Fax

Email

Website

- Gift Certificate or item enclosed
- Donor will deliver item to OCMS office
- Donor will mail item to OCMS office

Items must be received by November 12, 2018

Donor's Signature

Date

Please return this form by fax to 407-622-4614 Email to tania@ocms.org or by mail to the address below.

Your contribution to the Orange County Medical Foundation (Tax ID #59-2932719) is tax deductible as allowed by the law. Please keep a copy of this form as receipt for your tax records.

Questions? Contact Tania Jones at 407-622-8188.

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