

2010 CMA Sports Medicine Reception



The 10th Annual Sports Medicine Appreciation Reception will be held on July 27, 2010. This event has continually grown in popularity and attendance over the years. The CMA honors the good works of our high school team physicians, along with athletic directors and athletic trainers. Sponsors interact with the approximately 80 - 100 attendees prior to the program.

431 E. BROAD ST. COLUMBUS, OH 43215

P. 614/240.7410 F. 614/240.7415

Sponsorship Package Level	STAR PLAYER \$1500	CONCESSION STAND \$1000	BOX SEATS \$500
<i>Pre-Program Promotions</i>			
Sponsor name on mailed invitation	✓	✓	✓
Sponsor name on faxed and/or emailed invitation (min 2)	✓ +logo	✓	✓
Sponsor website link on emailed invitations	✓	✓	
Sponsor listing in CMA newsletter	✓	✓	✓
Sponsor listing and website link on CMA website (calendar page)	✓ + logo	✓	
<i>Program-Day Benefits</i>			
Sponsor listing on event signage (2 signs)	✓ + logo	✓	✓
Table for sponsor display and attendee interaction	✓	✓	✓
Sponsor listing in event program	✓ +logo	✓	✓
Placement of promotional gift or one piece of marketing material on guest seats	✓		
Food/Beverage table signage		✓	
Cab-table signage (# of tables w/ sponsor name)	5	3	1
Opportunity to provide door prize for attendee activity + recognition from event emcee when winners are drawn.	✓	✓	✓
<i>Post-Event Recognition</i>			
Mailing labels of attendees for sponsor follow-up activity	✓	✓	✓
Sponsor listing in CMA newsletter event wrap-up	✓	✓	✓

2010 CMA SPORTS MEDICINE APPRECIATION RECEPTION CONTRACT

Please complete contract in full and mail or fax to:

Columbus Medical Association (Attn: Lisa Oyer)

431 E. Broad Street Columbus, Ohio 43215

Name of Company: _____ Contact Person: _____
(as you wish your company to be listed)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

* Please email your company logo in .tif, .eps or jpeg format to: Fkaufman@goodhealthcolumbus.org

Sponsorship Level/Payment Method

STAR PLAYER \$1500 CONCESSION STAND \$1000 BOX SEATS \$500

Check VISA MasterCard Discover Card American Express

Credit Card Number: _____ Name on Card: _____ Exp. Date: _____

Contract Terms & Conditions

By signing below, the Company agrees that if selected as a CMA Sports Medicine Appreciation Reception sponsor, it and all its employees and agents will work in concert with the CMA and its representatives.

Listing on event promotional materials will commence upon receipt of signed contract. The CMA reserves the right to reject any advertising, or to decline to contract with any sponsor for any reason. CMA also reserves the right to require the word "advertisement" to appear in any ad. Notwithstanding the foregoing, sponsors are solely responsible for the content of, and any claims or assertions made in advertisements. Sponsorships are non-refundable and cancellation of this contract may result in early termination fees. This sponsorship contract is not binding upon CMA until and unless signed below by a representative of CMA.

If accepted, the CMA will fax or mail a signed copy of this contract to the company contact person.

Signature of Company Representative/Date

Signature of CMA Representative/Date