



Sponsorship Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Company Name:

Contact Name: Phone:

Email: Fax:

Address:

City: State:

Zip Code:

SPONSORSHIP PACKAGE

Premium Platinum Platinum Diamond Ruby Gold Silver Bronze

ADD-ONS

<input type="checkbox"/> Conference Bag Insert	<input type="checkbox"/> Mobile App Sponsor	<input type="checkbox"/> Daily Exhibit Hall Entertainment	<input type="checkbox"/> Hands-On Workshop
<input type="checkbox"/> Physician Attendee Laptop Bag or Backpack	<input type="checkbox"/> Pre-Conference Emails	<input type="checkbox"/> Past President Luncheon	<input type="checkbox"/> Lunch & Learn
<input type="checkbox"/> Attendee Lanyards	<input type="checkbox"/> Mobile App Push Notifications	<input type="checkbox"/> Bring on the Fun! (Virtual Reality Experience)	<input type="checkbox"/> Learning Lab
<input type="checkbox"/> Assistant Attendee Bags	<input type="checkbox"/> SAM Website Sponsor	<input type="checkbox"/> Attendee Re-Charge	<input type="checkbox"/> Breakfast & Learn
<input type="checkbox"/> Pre-Conference Invitation to Attend Mailer	<input type="checkbox"/> Registration Confirmation Email	<input type="checkbox"/> Conference WiFi	<input type="checkbox"/> Location Branding Item Number: _____
<input type="checkbox"/> Ad in FPMA Footprints Magazine	<input type="checkbox"/> Women in Podiatry Breakfast	<input type="checkbox"/> Room Drop	<input type="checkbox"/> Exhibit Hall Column Wrap
<input type="checkbox"/> Ad in SAM 2023 Program	<input type="checkbox"/> Exhibit Hall Grand Opening	<input type="checkbox"/> Cadaver Lab	<input type="checkbox"/> Triangular Meter Board
<input type="checkbox"/> Lead Retrieval	<input type="checkbox"/> General Membership Meeting	<input type="checkbox"/> Coding and Coffee	<input type="checkbox"/> Floor Graphics
			<input type="checkbox"/> Social Media Wall

THANK YOU FOR SPONSORING!

Please be sure to review the information to ensure it is accurate, make a copy for your personal records, then remit form to klambert@fpma.com