



Florida Society of Medical Assistants, Inc.

August 9, 2008

Dear Exhibitor/Sponsor:

We invite you to be an exhibitor or sponsor at the **FLORIDA SOCIETY OF MEDICAL ASSISTANTS 56th ANNUAL CONVENTION**, April 30, 2009- May 3, 2009, at the Holiday Inn Select, 5750 T.G. Lee Blvd. Orlando, Florida 32822. Phone 407-851-6400 or 800-248-5955.

As an exhibitor or sponsor your company will receive exposure in the health care field through the following avenues:

- ❖ The opportunity to introduce yourself, your company and your service or product
- ❖ An exhibit table in the conference area
- ❖ Lunch for two representatives from your company
- ❖ The opportunity to interact with our membership

Our organization is recognized nationally through our affiliation with American Association of Medical Assistants (AAMA) www.aama-ntl.org. The members you will meet during the convention work in medical practices dealing with every aspect of a physician's office, as well as educators. Medical Assistants are always seeking the best services and products for their physicians and are always looking for companies, like you, who are dependable and cost efficient.

FSMA feels a responsibility to develop communication links between exhibitors who have products or services that can benefit our medical offices. You are a vital element in helping our offices be more efficient and more effective. We appreciate your support and we support our exhibitors and sponsors.

Please complete the enclosed agreement and return to, Deniece Jozefiak, CMA, FSMA Exhibit Chairman, 4067 Ashby Lane North Port, FL 34288. (941)286-8551 with your check made payable to FSMA. Deadline for contracts is March 1, 2009. If you have any additional questions or concerns you can contact me at djozefiak4067@comcast.net
Thank you for your support.

Sincerely,

Deniece Jozefiak, CMA, (AAMA)
Exhibit Chairman

Florida Society of Medical Assistant, Inc.

SPONSOR/EXHIBITOR AGREEMENT

FSMA 56th ANNUAL CONVENTION, April 30, 2009-May 3, 2009

Holiday Inn Select
5750 T.G. Lee Boulevard
Orlando, Florida 32822

Phone: 407-851-6400 or 800-248-5955

Company Name:

Your company name

Address:

Street

City, State, Zip

Telephone:

Telephone number (including area code)

Contact Person:

Please Print or Type Name

Number of Attendee (s): _____ 1 person _____ 2 persons

Name of Attendee (s):

Name of 1st Attendee

Name of 2nd Attendee

Product or Service:

Florida Society of Medical Assistant, Inc.

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Agreement Type: Sponsor _____ (Indicate Donation or Specify)

- 1 Welcome Party : _____
- 2 New CMA Luncheon: _____
- 3 Awards Brunch: _____
4. Breakfast (Sat): _____
5. Education: _____

Exhibitor _____ \$150.00 (Saturday)

ALL SPONSORS AND EXHIBITORS WILL BE ACKNOWLEDGED IN OUR CONVENTION PROGRAM BOOKLET.

SIGNATURE: _____ DATE: _____

TOTAL AMOUNT ENCLOSED \$ _____

**DEADLINE FOR EXHIBITOR AND SPONSOR CONTRACTS: March 1, 2009
TO ENSURE YOU AND YOUR COMPANY TO BE PRINTED IN OUR PROGRAM BOOK**