



## Florida Society of Medical Assistants, Inc.

September, 1,2007

Dear Exhibitor/Sponsor:

We invite you to be an exhibitor or sponsor at the **FLORIDA SOCIETY OF MEDICAL ASSISTANTS 55<sup>th</sup> ANNUAL CONVENTION**, MAY 1-4 2008, 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](http://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)240-5661 with your check made payable to FSMA. Deadline for contracts is March 1, 2008. If you have any additional questions or concerns you can contact me at [djozefiak4067@comcast.net](mailto:djozefiak4067@comcast.net)  
Thank you for your support.

Sincerely,

Deniece Jozefiak, CMA  
Exhibit Chairman

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**SPONSOR/EXHIBITOR AGREEMENT**  
**55<sup>th</sup> ANNUAL CONVENTION, May 1-4 2008**

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 1<sup>st</sup> Attendee

\_\_\_\_\_ Name of 2<sup>nd</sup> Attendee

Product or Service:

\_\_\_\_\_  
\_\_\_\_\_

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Agreement Type:                      Sponsor                      \_\_\_\_\_ (Indicate Donation or Specify)

- 1 Welcome Party : \_\_\_\_\_
- 2 New CMA Luncheon: \_\_\_\_\_
- 3 Awards Brunch: \_\_\_\_\_
4. Breakfast (Sat): \_\_\_\_\_

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, 2008**  
**TO ENSURE YOU AND YOUR COMPANY TO BE PRINTED IN OUR PROGRAM BOOK**