



Support the 71st Annual Meeting & Scientific Assembly

The following opportunities are available for your organization to gain visibility and recognition with our attendees by supporting individual conference activities in conjunction with our **71st Annual Meeting and Scientific Assembly, March 28-30, 2019, at the Embassy Suites La Vista**. Your company's support will be recognized in our meeting program, at the event through signage, and in our quarterly publication, the *Cornhusker Family Physician*, as well as through announcements.

\$4,000

- Officer Installation & Recognition Banquet Sponsor

\$3,000

- DeRoin Memorial Scholarship Luncheon Sponsor
- Thursday Attendee & Exhibitor Lunch Sponsor
- Friday Attendee & Exhibitor Lunch Sponsor

\$2,000

- Board of Directors Dinner Sponsor
- Officer Installation & Recognition Banquet (Partial Sponsor)
- Thursday Night Social with "Resident Jeopardy" Sponsor
- Educational Grant

\$1,500

- DeRoin Memorial Scholarship Luncheon (Partial Sponsor)
- Thursday Attendee & Exhibitor Lunch (Partial Sponsor)
- Friday Attendee & Exhibitor Lunch (Partial Sponsor)

\$1,000

- Silent Auction & Wine Reception Sponsor
- Educational Grant

\$750

- Wine Reception Sponsor
- Full Page Program Ad
- Educational Grant
- Single Food/Drink Break Sponsor

\$500

- Half Page Program Ad
- Presidents' Reception Sponsor
- Past Presidents' Breakfast Sponsor
- Grand Prize Drawing Sponsor

\$250

- Quarter Page Program Ad
- Wine Pull Event Sponsor

Other

- Please contact the NAFP office if you have a sponsorship interest other than what we've listed.

Please sign below to confirm sponsorship.

Mail, e-mail, or fax completed form to Paula Dodds at the Nebraska Academy office (11920 Burt Street, Suite 170, Omaha, NE, 68114), telephone (402-505-9198), fax (402-505-9281), or email (nafpadmin@nebrafp.org).

Company Name (as it should appear on signage): _____

Representative's Name: _____

Address: _____

Phone: _____ Email: _____

This document signifies our commitment to the Nebraska Academy of Family Physicians' educational program listed above. Upon signing, I am committing my company to support:

Name of Event(s): _____

Total Amount: \$ _____

Signed: _____ Date: _____

Payment Options:

- ☐ Check Enclosed ☐ Bill Me (All invoices net 30 days) ☐ Pay Online at www.nebrafp.org

Thank you for your support!