



BIMDA is proud to announce: BIMDA REGIONAL MEDICAL EXPO & CME CONFERENCE 2015

Saturday, November 21, 2015

HILTON Melbourne Rialto Place, 200 Rialto Place, Melbourne, FL 32901

www.bimda.com

AN OPPORTUNITY FOR YOUR BUSINESS TO PARTICIPATE IN BREVARD'S LARGEST MEDICAL EVENT!

BIMDA Medical Expo Sponsorship Form: Sponsorship Deadline October 30, 2015

Financial Support Opportunities: Please select one or more boxes

Category 1: HOSPITALS / MAJOR MEDICAL / MAJOR CORPORATE INSTITUTIONS:

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| <input type="checkbox"/> Grand Supporter (Platinum): | \$25,000 |
| <input type="checkbox"/> Premium Supporter (Gold): | \$15,000 |
| <input type="checkbox"/> Patron Supporter (Silver): | \$10,000 |

Category 2: PHARMACEUTICAL COMPANIES / DEVICE MAKERS / MEDICAL SERVICE PROVIDERS:

- | | |
|--|---------|
| <input type="checkbox"/> CME Lecture Supporter [per CME Hour]: | \$6,000 |
| <input type="checkbox"/> Non-CME Lunch Talk [15 Minutes]: | \$5,000 |
| <input type="checkbox"/> Medical Exhibitor (Premium Booth): | \$3,000 |
| <input type="checkbox"/> Professional Business Booth: | \$3,000 |

Category 3: MISCELLANEOUS SPONSORSHIP OPPORTUNITIES:

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| <input type="checkbox"/> Technology Sponsor: | \$10000 | <input type="checkbox"/> Dinner Sponsor: | \$10000 |
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| <input type="checkbox"/> Portrait Photo Sponsor: | \$5000 | <input type="checkbox"/> Luxury Car Display Sponsor: | \$3000 |
| <input type="checkbox"/> Breakfast Sponsor: | \$3000 | <input type="checkbox"/> Reception Sponsor: | \$1500 |
| <input type="checkbox"/> Coffee Break Sponsor: | \$1500 | <input type="checkbox"/> Dessert Sponsor: | \$1500 |

Interested parties may contact: Glad Kurian 321-952-0853 email: gladkurian@aol.com

Dr. N. Rao Kopuri 321-728-9999 email: braceko@aol.com or Dr. Ashok Shah 321-268-2005 email: acgm1955@aol.com

Please check the appropriate box(es) above, fill in the information below and fax to:

Dr. N. Rao Kopuri at 321-728-5925 or to Dr. Ashok Shah at Fax: 321-264-2235

Name of Business: _____
Representative: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____ Fax: _____
Notes / Special Request: _____

All checks to be made payable to: "BIMDA" or "Brevard Indo-American Medical & Dental Association"

If paying by credit card, please call or write for special instructions.

Mailing Address

Dr. N. Rao Kopuri, BDS, MS, Finance Director-BIMDA

2555 W. New Haven Ave., Melbourne, FL 32904

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