



BIMDA is proud to announce: **BIMDA REGIONAL MEDICAL EXPO & CME CONFERENCE 2017**

Saturday, May 6, 2017

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 April 8, 2017**

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): | SOLD OUT | \$25,000 |
| <input type="checkbox"/> Premium Supporter (Gold): | SOLD OUT | \$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]: | SOLD OUT | \$5,500 |
| <input type="checkbox"/> Non-CME Lunch Talk [15 Minutes]: | SOLD OUT | \$5,000 |
| <input type="checkbox"/> Medical Exhibitor (Premium Booth): | | \$3,000 |

Category 3: MISCELLANEOUS & UNIQUE SPONSORSHIP OPPORTUNITIES:

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| <input type="checkbox"/> Technology Sponsor: | \$10,000 | <input type="checkbox"/> Dinner Sponsor: | \$10,000 |
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| <input type="checkbox"/> Portrait Photo Sponsor: | \$5000 | <input type="checkbox"/> Lunch Sponsor: | \$5000 |
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| <input type="checkbox"/> Luxury Car Display Sponsor: | \$3000 | <input type="checkbox"/> Breakfast Sponsor: | \$3000 |
| <input type="checkbox"/> Reception Sponsor: | \$2000 | <input type="checkbox"/> Coffee Break Sponsor: | \$2000 |

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

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