



## **2020 MONROE COUNTY MEDICAL SOCIETY SPONSORSHIP OPPORTUNITIES**

Through sponsorship programs, Monroe County Medical Society (MCMS) honors its commitment to building productive, collaborative, and beneficial relationships between local businesses and the physician community, while providing the highest possible quality educational seminars and events for its physicians and their staff members. We offer several ways for businesses to sponsor MCMS events. If you have any questions, please contact Melinda McGinnis-Lepree via e-mail at [mlepree@mcms.org](mailto:mlepree@mcms.org) or by phone at 585-473-7573.

**Survival Series: EXCLUSIVE to one vendor only!** *The MCMS Survival Series is an educational series for professional development and continuing education on medical practice related issues. The target audience for this series of seminars includes Physicians, Practice Administrators, Managers and Administrative Support Staff.*

**Ask the Carrier:** *At this conference, attendees can hear first-hand from third-party payers about policy changes, administrative and operational processes and procedures, and learn how to minimize overall administrative burdens. The target audience for this event includes Billing Operations Directors and Managers, Patient Account Representatives, Billing and Coding Specialists, Practice Administrators, Managers and Directors.*

**199th Annual Meeting:** *The MCMS Annual Meeting includes a business meeting and a keynote educational presentation. A social hour prior to the start of the business program affords valuable opportunities for networking with physician leaders and community stakeholders.*

**3rd Annual Summer Bash:** *Physician Appreciation BBQ-The event serves as a heartfelt “thank you” for the physicians in this community, and the families who support them. The social atmosphere of the afternoon affords valuable opportunities for networking. This event will be held rain or shine with tents keeping everyone dry if it rains. Dinner will be served in the afternoon consisting of traditional BBQ favorites.*

**19th Annual Practice Manager’s Appreciation Luncheon:** *This event helps our physician members to thank their Practice Administrators, Managers and Administrative Support Staff for their dedicated service and professionalism. This networking event includes lunch and an entertainment component.*

For more information on sponsorship opportunities, please contact Melinda McGinnis-Lepree via e-mail at [mlepree@mcms.org](mailto:mlepree@mcms.org) or by phone at 585-473-7573.



# **SURVIVAL SERIES**

**Dates:** January through December 2020

**Location:** Monroe County Medical Society, Philip P. Bonanni, MD Conference Room

**Time:** 8:30-10:30 AM

**Target Audience:** Physicians, Practice Administrators, Managers and Administrative Support Staff.

**Attendance:** 8-12 programs per year with an average attendance of 30 people at each session.

By sponsoring the MCMS Survival Series, you can promote your products and services to Rochester area Physicians, Practice Administrators, Managers and Administrative Support Staff. MCMS Survival Series is a series of seminars that provide educational information on emerging health care issues. This is a unique opportunity to be the **EXCLUSIVE** sponsor of the popular educational series for professional development and continuing education on medical practice related issues.

# UNAVAILABLE

For a sponsorship of **\$1800.00**, you will receive:

- **EXCLUSIVE sponsorship for Survival Series**
- Logo/Link on MCMS Events webpage
- Logo on each registration flier
- Verbal recognition during each seminar
- Event pass for one representative to each seminar
- 20% discount on all MCMS advertising
- Opportunity to include one promotional piece in each event packet



## 2020 Survival Series Sponsorship Contract

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

UNAVAILABLE

### EXCLUSIVE SURVIVAL SERIES SPONSORSHIP-\$1800.00

8-12 programs throughout the calendar year.

#### Payment Options: (please check one)

- Please e-mail an invoice.
- Payment enclosed (check made payable to "MCMS")
- Please bill my credit card in the amount of \$1,800.00 (all major credit cards accepted)

Name on Credit Card: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

- I will call MCMS at 585-473-7573 with credit card information.

Authorized Signature: \_\_\_\_\_

**PAYMENT MUST BE MADE PRIOR TO THE EVENT.**

#### ***Please return Sponsorship Contract to:***

**Monroe County Medical Society**

*Attn: Melinda McGinnis-Lepree*

The Park at Allens Creek, 132 Allens Creek Road, Suite 100, Rochester, New York 14618

Fax: 585-473-7641 E-mail: [mlepree@mcms.org](mailto:mlepree@mcms.org)

# ASK THE CARRIER

**Date:** April 15, 2020

**Location:** RIT Inn and Conference Center, 5257 W. Henrietta Rd., Henrietta, NY 14467

**Time:** 7:30 AM-3:30 PM

**Anticipated Attendance:** Approximately 300 Billing Operations Directors and Managers, Patient Account Representatives, Billing and Coding Specialists, Practice Administrators, Managers and Directors.

Ask the Carrier provides an opportunity for attendees to hear first-hand from third-party payers about policy changes, administrative and operational processes and procedures, and learn how to minimize overall administrative burdens. Representatives from the areas major healthcare carriers will be on hand at this event. There are designated breaks between sessions for attendees to meet with vendors. Refreshment sponsor is exclusive to one sponsor and funds the afternoon refreshments.

	\$850- ONLY ONE!	\$1000	\$1500	\$2000
Exhibit space to include table, chairs, power, & internet	●	●	●	●
Logo/Link on MCMS Event webpage	●	●	●	●
Logo displayed at registration table	●	●	●	●
Verbal acknowledgement in welcoming address	●	●	●	●
Acknowledged as a sponsor in social media	●	●	●	●
Event passes (includes lunch)	2	2	2	4
Advertisement in The Bulletin magazine		1/4 c	1/2 c	Full, bw
Banner Ad on the MCMS website for 1 month				●
<b>Only</b> logo displayed at refreshment table	●			



## 2020 Ask the Carrier Contract

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Options: (please check one)

Refreshment (only 1! \$850.00)  Silver (\$1,000.00)  Gold (\$1,500.00)  Platinum (\$2,000.00)

Please e-mail an invoice.

Payment enclosed (check made payable to "MCMS")

Please bill my credit card in the amount of \$\_\_\_\_\_ (all major credit cards accepted)

Name on Credit Card: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I will call MCMS at 585-473-7573 with credit card information.

Authorized Signature: \_\_\_\_\_

**PAYMENT MUST BE MADE PRIOR TO THE EVENT.**

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# 199th ANNUAL MEETING

**Date:** May 2020

**Location:** Locust Hill Country Club, 2000 Jefferson Road, Pittsford, NY 14534

**Time:** 5:30-9:00 PM

**Anticipated Attendance:** 175+ physician leaders and community stakeholders

The Annual Meeting is attended by state and local medical society leaders as well as physician members and guests. It welcomes the incoming Board of Directors and marks the passing of the gavel from outgoing president to incoming president. A social hour prior to the start of the business program affords valuable opportunities for networking. In addition to the social hour, this event includes a business meeting and keynote speaker. At this event, physicians who have achieved 10, 25, and 50 years of practice will be honored. The annual meeting is also when the MCMS President bestows the Medical Society's highest honor, the Edward Mott Moore Award, to a physician and layperson recipient. Exhibitor space is only offered at the Premier level. Refreshment sponsor is exclusive to one sponsor and funds the afternoon refreshments.

	\$850	\$1500	\$2000	\$3000
Logo on MCMS event webpage	●	●	●	●
Logo published in event program	●	●	●	●
Logo displayed at registration table	●	●	●	●
Verbal acknowledgement in welcoming address	●	●	●	●
Acknowledged as a sponsor in social media	●	●	●	●
Event passes	2	2	2	4
Advertisement in the Bulletin		1/2 C	Full BW	Full C
Banner Ad on the MCMS website for 1 month				●
Exhibit space to include table, chairs, power, & internet				●
<b>Only</b> logo displayed at refreshment table	●			



## 2020 199th Annual Meeting Contract

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Options: (please check one)

Refreshment (only 1! \$850.00)  Silver (\$1,500.00)  Gold (\$2,000.00)  Platinum (\$3,000.00)

Please e-mail an invoice.

Payment enclosed (check made payable to "MCMS")

Please bill my credit card in the amount of \$\_\_\_\_\_ (all major credit cards accepted)

Name on Credit Card: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I will call MCMS at 585-473-7573 with credit card information.

Authorized Signature: \_\_\_\_\_

**PAYMENT MUST BE MADE PRIOR TO THE EVENT.**

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# 3rd ANNUAL MCMS SUMMER BASH: PHYSICIAN APPRECIATION BBQ

**Date:** July 2020

**Location:** Private Residence (Perinton, NY)

**Time:** 3:00-7:00 PM

**Anticipated Attendance:** Approximately 50-75 physician leaders and their families as well as other community stakeholders.

We all rely on our community's most trusted healers to keep our employees, our families, and ourselves healthy. The medical care we receive in this community is world class. Our physicians take care of us. The Monroe County Medical Society is asking for your help in thanking them.

This event serves as a heartfelt "thank you" for the physicians in this community, and the families who support them. The social atmosphere of the afternoon affords valuable opportunities for networking with approximately 50-75 physician leaders and their families as well as other community stakeholders. This event will be held rain or shine with tents keeping everyone dry if it rains. Dinner will be served in the afternoon consisting of traditional BBQ favorites! Join us in thanking your physicians for all they do for this community!

	\$500	\$750
Logo/Link on MCMS Event webpage Premium Placement	<input type="checkbox"/>	<input type="checkbox"/>
Logo displayed at registration table	<input type="checkbox"/>	<input type="checkbox"/>
Verbal acknowledgement in welcoming address	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledged as a sponsor in social media	<input type="checkbox"/>	<input type="checkbox"/>
2 Event passes	<input type="checkbox"/>	<input type="checkbox"/>
Advertisement in The Bulletin magazine	<input type="checkbox"/>	<input type="checkbox"/>
Logo/Link on all marketing of the event including 5 direct emails to more than 3,000 physicians	<input type="checkbox"/>	<input type="checkbox"/>



## 2020 3rd Annual Physician Appreciation BBQ Contract

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Options: (please check one)

Sponsor (\$500.00)  Enhanced Sponsor (\$750.00)

Please e-mail an invoice.

Payment enclosed (check made payable to "MCMS")

Please bill my credit card in the amount of \$\_\_\_\_\_ (all major credit cards accepted)

Name on Credit Card: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I will call MCMS at 585-473-7573 with credit card information.

Authorized Signature: \_\_\_\_\_

**PAYMENT MUST BE MADE PRIOR TO THE EVENT.**

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# 19th ANNUAL PRACTICE MANAGER'S APPRECIATION LUNCHEON

**Date:** November 2020

**Location:** TBD

**Time:** 12:00-2:00 PM

**Anticipated Attendance:** Approximately 75 Medical Practice Administrators, Managers and Administrative support staff.

Your generous support helps our physician members to thank their Practice Administrators, Managers and Administrative Support Staff for their dedicated service and professionalism. Your organization will have the opportunity to network with attendees as they connect with colleagues and enjoy the program which consists of lunch and an entertainment component. This program is a unique opportunity to acknowledge their hard work and to let them know how important they are to the healthcare team. Exhibitor space is only offered at the Gold Level. Refreshment sponsor is exclusive to one sponsor and funds the afternoon refreshments. As part of this event, businesses that provide donations of raffle prizes will be acknowledged during the event and in the program. Please let us know if your organization is interested in donating in-kind raffle prizes such as; gift cards, tickets, spa services, etc.

	\$600	\$750	\$1,000	\$1,500
Logo/Link on MCMS Event webpage Premium Placement	●	●	●	●
Logo published in event program	●	●	●	●
Logo displayed at registration table	●	●	●	●
Verbal acknowledgement in welcoming address	●	●	●	●
Acknowledged as a sponsor in social media	●	●	●	●
Event passes (includes lunch)	2	2	2	4
Advertisement in The Bulletin magazine		1/8 BW	1/4 C	1/2 C
Banner ad on the MCMS website for 1 month				●
Exhibitor space to include table, chairs, power & internet				●
<b>Only</b> logo displayed at refreshment table	●			



## 2020 19th Annual Practice Manager's Luncheon Contract

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Options: (please check one)

Refreshment (only 1! \$600.00)  Silver (\$750.00)  Gold (\$1,000.00)  Platinum (\$1,500.00)

Please e-mail an invoice.

Payment enclosed (check made payable to "MCMS")

Please bill my credit card in the amount of \$\_\_\_\_\_ (all major credit cards accepted)

Name on Credit Card: \_\_\_\_\_

Address and Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ Security Code: \_\_\_\_ \_\_\_\_ \_\_\_\_

I will call MCMS at 585-473-7573 with credit card information.

Authorized Signature: \_\_\_\_\_

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