

## November, 2019 | Central Florida

Make sure you're being paid fairly for the patient care you provide by registering for the 2019 FMA Insurance Summit. You or members of your office staff will be able to speak directly with representatives from major insurance carriers to discuss the issues that matter to you. You'll get access to invaluable information on how to:

- File a claim
- File a dispute or appeal
- Handle policy and process changes for providers
- Obtain an authorization

“ I appreciated the one-to-one interaction with insurance representatives.”

94%

Of attendees would recommend it to others.

71%

Of attendees said they would make changes in their practices based on Summit presentations.

“Very informational! The speakers were awesome.”

96%

Of attendees said the Summit met or exceeded their expectations.

## 2019 FMA Insurance Summit Sponsor

\$2,500 Sponsorship

- Company logo featured during the conference with GoBo light display in meeting room
- Company logo on all conference printed materials
- Digital ad in the FMA's weekly electronic newsletter, FMA News
- Company logo on all posters displayed throughout the insurance summit
- Exhibitor Space – 1-6' table and 2 chairs – for company display

## 2019 FMA Insurance Summit Exhibitor Only

\$1,000 Sponsorship

- Company logo on all conference printed materials
- Digital ad in the FMA's weekly electronic newsletter, FMA News
- Company logo on all posters displayed throughout the insurance summit
- Exhibitor Space – 1-6' table and 2 chairs – for company display

# Meeting Sponsor Application

## SPONSOR INFORMATION — All sponsors subject to approval by the FMA

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Additional Attendees

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

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Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Please provide a 20-word description of your company's product(s) and/or service(s) with this application. Your application cannot be processed without a description. Please type or print legibly. The FMA reserves the right to edit your company's description.

### PLEASE NOTE

Your sponsorship will not be confirmed until payment is received. Your application will be reviewed by the FMA. If accepted, a confirmation letter will be sent to you.

### PLEASE INDICATE BELOW

#### SPONSOR LEVELS

#### Spring Summit

#### Fall Summit

Insurance Sponsor  \$2,500

\$2,500

Exhibitor  \$1,000

\$1,000

### CANCELLATION/REDUCTION OF BOOTH SPACE

All cancellations and reductions of booth space must be made in writing. Cancellation or reduction of booth space may be made with a \$500 fee per booth imposed prior to Sept 5, 2019 for the Fall Insurance Summit. Cancellations/reductions received after the above dates will result in 100% of the total booth fee being collected or retained by FMA.

### Insurance Summit Deadline: Sept 5, 2019

### PAYMENT INFORMATION

Check  MC  VISA  AMEX  Invoice Me

Card #: \_\_\_\_\_

Expires: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

Make check payable to Florida Medical Association and mail to: **Attention** Laurie Hartsfield Burluson, 1430 E. Piedmont Drive, Tallahassee, Florida 32308

### ADA

In accordance with ADA requirements, if you are disabled and require special services, please check here.  Someone from our office will contact you.