



PCCS SPONSORSHIP PACKAGE

WWW.PCCSChiro.org

P.O. Box 7515 Seminole, FL 33775
(727) 398-5303 (O) (727) 581-3811 (F)



Pinellas County Chiropractic Society

Sponsorship Agreement



Thank You For Your Support!!!

Pinellas County Chiropractic Society
www.PCCSChiro.org
P.O. Box 7515, Seminole, FL 33775
(727) 398-5303 (O) (727) 581-3811 (F)

Thank you for your interest in becoming a sponsor of the Pinellas County Chiropractic Society. The goal of the PCCS is to preserve, promote, protect and advance the Chiropractic Physician profession. We operate as political grass roots society chartered by the Florida Chiropractic Association (FCA). The PCCS is Florida's largest county Chiropractic professional society and we often receive the "Most Active Local Society" award from the FCA.

As a Sponsor of our Society, your business will have the opportunity to network and market your services to some of the most dynamic Chiropractors in Pinellas County. Marketing and relationship building opportunities are provided through monthly membership meetings, our newsletter, The Audible Release, the PCCS website and, depending on the level of sponsorship, access to our membership database.

The 10 monthly meetings provide an excellent opportunity for face to face networking of Society members. Held the last Tuesday of every month at Tucson's restaurant in Clearwater, the meetings begin at 6:30pm with beverages and social time to interact with the general membership. A buffet style dinner is followed by a featured speaker on a Chiropractic related topic with the meetings concluding around 8:30pm. There is no meeting in August so that members may attend the FCA National Convention in Orlando. In addition, a Holiday Party in December replaces the typical monthly meeting.

As a sponsor, you will have an ad in our newsletter, The Audible Release. This high quality newsletter is produced 10 times a year and is mailed to every Chiropractor in Pinellas County. Additional copies are also distributed to Sponsors, the FCA main office and other FCA Chiropractic Societies, attorneys, medical doctors and other providers of Chiropractic related services. Total distribution is approximately 500 copies per issue. The size of your ad is linked to your level of sponsorship. Each issue also contains a Business Directory listing your contact information.

Our website, www.PCCSChiro.org, provides additional marketing exposure for your business through the internet. The website features a Business Directory where your contact information is listed and, if you have a website, a direct link to your site can be arranged.

The PCCS is a sponsor driven organization. Your investment in the PCCS is a commitment to support our profession. In exchange, we will provide avenues for your business to market and network our membership. We strongly recommend our members to support those who support the Society.

Please complete the sponsorship application form, attach payment and mail today. If you have questions or need additional information contact the Executive Director, Jennifer Comey, or myself at 727-398-5303.

Mark Lipkin, D.C

PCCS President

The PCCS is the largest and most local chiropractic society in Florida!

PCCS SPONSOR LEVELS

Creating Long-Term Business Relationships With Our Members Is Priceless!!!

BENEFITS	BRONZE	SILVER	GOLD	PLATINUM
Print Advertising				
Newsletter Advertising	1/4 Page	1/2 Page	Full Page	Full Page (Front or Back)
Listing in Annual Directory	yes	yes	yes	yes ~ Logo
Listed as Corporate Sponsor	yes	yes	yes	yes
Web Site Advertising				
Basic Listing	yes	yes	yes ~ Logo	yes ~ Logo
Home Page Banner Ad			yes	yes
Website Calendar Small Banner Ad			yes	yes
Business Networking				
Meeting Attendees	1 Attendee	2 Attendees	3 Attendees	4 Attendees
Invitations to Holiday Party	2	4	6	8
Recognized at Each Meeting	yes	yes	yes	yes
Promotional Material Distribution	yes	yes	yes	yes
3-5 Minute Meeting Presentation		1 Meeting	2 Meetings	3 Meetings
*Corporate Meeting Sponsor				1 Meeting
*(single guest speaker for evening with presentation table and attendance list)				
Marketing Tools				
Access to Member List	Print Out	Print Out	Excel	Excel
Access to Mailing List		Print Out	Excel	Excel
Access to Fax Out Program		yes	yes	yes
Sponsor Plaque		6" x 8"	7" x 9"	8" x 10"
Fax Highlighting Business				yes
Annual Payment	\$1,800	\$3,000	\$6,000	\$10,000
Monthly Payment	\$165	\$275	\$550	\$915

Circle Sponsorship Level Choice Above...Annual or Monthly.

(All corporate sponsors have first choice over associate members or non-members for sponsoring events such as monthly meetings, golf tournament, Holiday Party, etc.)



SPONSOR BILLING AND CONTACT INFORMATION



Company Name: _____

Name and/or Company Name To Appear On Sponsor Plaque (if different from above):

Member/Meeting Representative Name(s): _____

Office Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Office Phone: _____ **Fax:** _____ **Other:** _____

Office Hours: _____

E-Mail: _____

Website: _____

Business Category: _____

Business Description/ Products or Services Provided: _____

(The above information will be used in the PCCS Directory and on the PCCS Website.)

Comments/Suggestions: _____

Billing Information:

Billing Contact: _____ **Phone:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____



PCCS SPONSORSHIP CONTRACT



I, _____, hereby agree to a sponsorship commitment to the Pinellas County Chiropractic Society (PCCS) at the _____ Level for a period of twelve (12) months. I have read, and agree to, the terms of benefits and responsibilities for this sponsorship level, as outlined and mutually accepted by PCCS and its sponsors.

I agree to provide all marketing materials in a timely fashion for publication and events. I understand that all ads are subject to approval and must be submitted as directed per the Newsletter Advertising Document located in the Member Sponsorship Package. I hereby grant permission to reproduce my provided information in the PCCS Directory and on the PCCS Website, and I understand that the PCCS will not be held responsible or liable for errors or omissions resulting from the same. It is further understood and agreed that the Society cannot endorse the use, efficacy or quality of the products or services advertised by our sponsors.

The PCCS Board of Directors reserves the right to cancel this agreement at any time due to complaints by PCCS Members or their patients. Payment is due upon receipt of this agreement, made payable to the PCCS (Pinellas County Chiropractic Society). All monies are non-refundable. I accept financial responsibility for any fees generated in collection of any monies due by me. I further understand that not receiving an invoice does not constitute a reason for non-payment and that an invoice is sent as a courtesy and payment for sponsorship is the sole responsibility of the sponsor.

I further understand that there may be one meetings per year at which I will be welcome for the cocktail hour ONLY, as that meeting will be closed exclusively for Doctors of Chiropractic. If I bring a guest to a meeting, I agree to pay the \$25 fee or I will be billed at a later date, if payment is not made at the time of registration.

Sponsorship will begin on the 1st of the current month, unless otherwise specified. A nominal late fee, of \$20 per month, for past due balances will be assessed after a 35 calendar day grace period. This contract will automatically renew after the initial twelve month period. A 30 day written notice must be provided at the end of the twelve month period, if any changes to the contract are to be made. I further understand that any cancellation of this agreement could result in charges and/or penalties. Dues and benefits are subject to change without notice.

Sponsorship Level: PLATINUM | GOLD | SILVER | BRONZE (Circle Sponsor Level)

Payment Type: ANNUAL | MONTHLY (Circle Choice)

Payment Included: _____

Check Number: _____

Contract Start Date: _____

Contract End Date: _____

Sponsorship Representative Date

PCCS Representative Date