



# 2025 Exhibitor & Sponsor Prospectus/Registration

November 7-9, 2025

Renaissance Orlando Resort & Spa Hotel • Disney Springs Resort Area • Lake Buena Vista

## Join Us!

For the 2025 Florida Chapter ACP  
Annual Scientific Meeting

- ★ Become one of the dozens of successful exhibitors to sponsor our event!
- ★ Expand your product's reach with over 300 Chapter member physicians in attendance!
- ★ Several pricing options for sponsorship and marketing opportunities!



**ACP**  
American College of Physicians  
Leading Internal Medicine, Improving Lives

**Florida  
Chapter**

# Why Partner with the Florida Chapter American College of Physicians?

Florida Chapter ACP (FLACP) is Florida's largest medical specialty organization representing over 9,700 physicians specializing in general and subspecialty Internal Medicine. The mission of the FLACP is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

This exclusive annual event gathers together Doctors of Internal Medicine for three days of educational sessions, knowledge sharing, networking and exhibits. Internists specialize in adult medicine in both general and sub-specialty fields and focus on the prevention, detection and treatment of illnesses in adults. The practices reflected by our attendees range from private practice, multi-specialty practice, chief medical officers, medical directors, chief medical information officers, program directors, clerkship directors, hospitalists and academicians.

This event will provide opportunities to reach the 300+ physicians expected to attend.

## Exhibitor Schedule (tentative)

### Friday, November 7

6:45 - 7:30 am	Setup
7:15 - 8:30 am	Registration/Breakfast
10:15 - 10:45 am	Networking Break w/ Exhibitors
11:45 - 1:00 pm	Luncheon/Networking Break
3:30 - 4:00 pm	Networking Break w/ Exhibitors
6:00 pm	Meeting Adjourns

### Saturday, November 8

7:00 - 8:30 am	Registration/Breakfast
9:30 - 10:00 am	Networking Break w/Exhibitors
12:00 - 1:30 pm	Luncheon/Networking Break
3:30 pm	Networking Break w/Exhibitors
5:45 pm	Meeting Adjourns
6:00 pm	Poster Competition
7:30 pm	Governor Award Reception

### Sunday, November 9

7:15 - 8:30 am	Registration/Breakfast
11:00 am-11:30am	Networking Break w/Exhibitors
1:00 pm	Meeting adjourns

## Exhibit Location and Host Hotel

### Renaissance Orlando Resort & Spa Hotel by Disney Springs Resort Area, Lake Buena Vista, FL

1905 Hotel Plaza Boulevard  
Lake Buena Vista, FL 32830-8438  
(407) 828-2828

Shipments arrive no earlier than November 6, 2025  
Label: Company & Rep. Name, for FL ACP Annual Scientific  
Meeting 11/07/2025 - 11/09/2025

Room Rate \$179 S/D  
Room rate cut-off - 10/07/2025

Please make your room reservations by calling  
Renaissance Orlando reservations at (407) 828-2828 and  
ask for FL Chapter ACP group rate.

# Extend Your Reach~ Collaborate

The FLACP Annual Scientific Meeting gives you a unique opportunity to collaborate and meet physicians in practice, as well as market your brand and discuss your services. This interactive environment puts you in close proximity to our educational events where physicians can be informed of your services and you can develop rewarding relationships and fruitful business opportunities!

Please note that full payment must be received with your signed application, the payment options are listed on exhibit registration page. The Florida Chapter ACP Tax ID# 59-6152179.

We offer our Basic Exhibit Package that covers the essentials, as well as Bronze, Silver, and Gold options that are more inclusive. A comprehensive package breakdown is on the following page.



## The Basic Exhibit Package - \$2,000



*All exhibitors and sponsors receive these core benefits:*

- ★ Two (2) complimentary conference registrations to attend all functions
- ★ One (1) exhibit table 6 feet long, two (2) chairs, standard electrical hook-up (electrical must be requested in advance)
- ★ Company logo in program booklet
- ★ Company logo on signage at registration area recognizing participation
- ★ Final list of attendees (names/cities) at conclusion of conference
- ★ Internet connection available for an additional fee



## The Bronze Level Package - \$3,500



*The Bronze Level Upgrade includes these additional benefits:*

- ★ 1/4 Page Advertisement in program booklet
- ★ Sponsorship of Networking Break



## The Silver Level Package - \$5,000



*The Silver Level Upgrade includes these additional benefits:*

- ★ 1/2 Page Advertisement in program booklet
- ★ Co-Sponsorship of preferred Breakfast
- ★ Sponsorship of Poster Competition



## The Gold Level Package - \$7,500



*The Gold Level Upgrade includes these additional benefits:*

- ★ Full Page Advertisement in program booklet
- ★ Co-Sponsorship of the Awards Reception
- ★ Co-Sponsorship of preferred Luncheon

*Full breakdown on following page -->*



# The Exhibit Packages



	SPONSORSHIP LEVELS			
	Gold \$7,500	Silver \$5,000	Bronze \$3,500	Basic \$2,000
List of Additional Opportunities				
Exclusive Co-Sponsorship of Breakfast	✓	✓		
Exclusive Sponsorship of Poster Competition	✓	✓		
Exclusive Sponsorship of Networking Break	✓	✓	✓	
Exclusive Co-Sponsorship of Awards Reception	✓			
Full Page Advertisement onsite	✓			
1/2 Page Advertisement onsite		✓		
1/4 Page Advertisement onsite			✓	
Two complimentary conference registrations to attend all functions	✓	✓	✓	✓
One 6 foot exhibit table, two chairs and electrical hook up (outlet must be requested in advance)	✓	✓	✓	✓
Company logo on signage at registration area recognizing participation	✓	✓	✓	✓
Company logo onsite program booklet	✓	✓	✓	✓
Final list of attendees provided at conference	✓	✓	✓	✓

## Additional Support and Marketing Opportunities

Maximize your return on investment with additional support and marketing opportunities before and throughout the conference. Companies can contribute to the meeting with a conference seat drop. Please note that, in accordance with ACCME guidelines, exhibit space is separate from educational sessions. For additional sponsorship opportunities contact the Florida ACP Chapter office by email at [Dmoerings@floridachapteracp.org](mailto:Dmoerings@floridachapteracp.org) or by calling (904)355-0800.

### Conference Seat Drop option:

**\$850**

Company marketing promotion can be placed on seats during a meal function. The company will provide item and ship directly to conference site. Contact Chapter for more information pre-approval is required.



# Join the Dozens Who Have Participated in the Conference Before!

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*AdvantageINK.com*  
*Allergy Easy*  
*Ambry Genetics*  
*American College of Physicians*  
*Asante Communications, LLC*  
*Astell Pharma*  
*AstraZeneca Pharmaceuticals LP*  
*Atlantic Health Partners*  
*Bank United*  
*BioMedix*  
*Bio-Reference Laboratories – an OPKO Health Co.*  
*Boehringer Ingelheim*  
*Boston Scientific*  
*CARR Healthcare Realty*  
*ChenMed*  
*Choice One Medical Group, LLC*  
*CIGNA*  
*Clinical Compound*  
*Concierge Choice Physicians*  
*The Center for Advancement of Health IT*  
*Danna-Gracey*  
*deCode Genetics*  
*Drug Enforcement Administration*  
*EHRC Technologies*  
*Elite Imaging*  
*Envision Physician Services*  
*Family Physicians Group*  
*Florida Blue*  
*FL Dept of Health, Bureau of Vital Statistics*  
*FL Dept. of Health Div. of Medical Quality Assurance*  
*Florida Medical Association*  
*Florida Rx Card*  
*Genelex, Inc.*  
*Gwinnett Medical Center*  
*HCA - Hospital Corporation of America*  
*Health Care Advisor's Services, Inc.*  
*Healthy Partners*  
*Hospitalists Plus*  
*Humana*  
*Invitae*  
*Iron Ridge Insurance*

*JSA Medical Group*  
*Lakeland Regional Health*  
*Medinteract, LLC*  
*Medicus Healthcare Solutions*  
*Memorial Healthcare System*  
*Merck & Co, Inc.*  
*Millennium Laboratories*  
*Millennium Physician Group*  
*Mitchell Capital Group*  
*Mylan, Inc.*  
*Myriad Genetic Laboratories, Inc.*  
*Northeast Planning Corp.*  
*Orlando VA Medical Center*  
*Oppenheimer & Co, Inc.*  
*Otsuka America Pharmaceuticals, Inc.*  
*Pfizer, Inc.*  
*Privis Health*  
*Quest Diagnostics, Inc.*  
*Radiology Response*  
*Reckitt Benckiser Pharmaceuticals*  
*Rego International/Florida Bracing*  
*Sanofi Diabetes*  
*Seqirus*  
*Selmer Scientific/FloChec*  
*Shire*  
*Signet Diagnostic Imaging Services*  
*South Beach Orthotics & Prosthetics*  
*South FL Regional Extension Center*  
*Specialists on Call*  
*Success EHS*  
*Takeda*  
*TEVA Respiratory*  
*The Doctors Company*  
*Trilogy Home Healthcare*  
*Trust Bridge Health*  
*TS Medical USA*  
*U S Air Force Medical Recruiting*  
*U S Navy Medical Programs Recruiting*  
*University Miami AHEC*  
*USF Center for HIV Education & Research*  
*Ztek Solutions*

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## FLACP Exhibit Policies

Exhibits are limited to those whose products and services are of interest to physicians in internal medicine & subspecialties.

Full payment is required with your signed application to reserve exhibit space. Upon receipt of payment, exhibitors will receive information outlining instructions for shipment and any special needs, such as internet access and electricity (*fees may apply*). You will be centrally located in the registration area, between the general session, and concurrent sessions, which will ensure a good flow of traffic.

In addition, the morning breakfast /AM coffee break and afternoon breaks held in the exhibit area.

## Things to Remember:

Sponsorships require pre-approval by American College of Physicians and a separate Letter of Agreement will be provided for interested companies. For more information, please contact Dawn Moerings in the Chapter office at [DMoerings@floridachapteracp.org](mailto:DMoerings@floridachapteracp.org) or by calling (904) 355-0800.

## Cancellation Policy

Once a formal application has been received cancellations must be submitted in writing, no later than one month prior to the opening day of the meeting. A \$200 cancellation fee may be assessed if no notification is provided by the applying company who may be responsible for the entire exhibit fee.

## EXHIBITOR ADVANCE REGISTRATION FORM

Company Name

Contact Person

Title

Address

City

State

Zip

Phone

Cell Ph

E-Mail

### EXHIBIT INFORMATION

Exhibit Type: ☐ 6 ft tabletop ☐ pop-up (table display) ☐ Larger pop up (special request/space permitting)

Type of product to be displayed:

Please place my exhibit adjacent to:

Please DO NOT place my exhibit adjacent to:

Special requests:

Does your exhibit require electricity? ☐ Yes ☐ No

# of outlets requested:

Type of equipment requiring electricity:

### REGISTRATION FEES

### AMT DUE

Exhibit Fee (includes 2 Representatives)

\$2,000

Unrestricted Educational Grant (Bronze level)

\$3,500

Unrestricted Educational Grant (Silver level)

\$5,000

Unrestricted Educational Grant (Gold level)

\$7,500

Additional Representative and/or guests

#

\$150 each

### ADDITIONAL MARKETING OPPORTUNITIES

Innovation Theatre Breakfast Opportunity (1 Hour)

\$12,500

Conference Seat Drop ☐ Friday ☐ Saturday ☐ Sunday

#

\$850/day

TOTAL DUE

### PAYMENT METHOD

☐ Check (Preferred: make payable to FL Chapter ACP) ☐ ACH Wire Transfer ☐ AMEX ☐ MasterCard ☐ Visa

Account #

Exp Date

CVV#

Cardholder Name (print)

Phone #

Cardholder Billing Address (include zip)

Cardholder Signature

# FL Chapter ACP 2025 Annual Scientific Meeting Exhibitor Registration

<b>Company Name</b>	
<b>Complete for each representative attending. Please PRINT - this will be used for name badges</b> (print additional copies if more than 4 reps attending)	
<b>REPRESENTATIVE #1:</b> (included in exhibit fee)	
<b>Phone#</b>	<b>Cell#</b>
<b>E-mail</b>	
***Please check the functions you will be attending each day	
<input type="checkbox"/> Friday Breakfast	<input type="checkbox"/> Friday Breaks
<input type="checkbox"/> Saturday Breakfast	<input type="checkbox"/> Saturday Breaks
<input type="checkbox"/> Sunday Breakfast	
<b>REPRESENTATIVE #2:</b> (included in exhibit fee)	
<b>Phone#</b>	<b>Cell#</b>
<b>E-mail</b>	
***Please check the functions you will be attending each day	
<input type="checkbox"/> Friday Breakfast	<input type="checkbox"/> Friday Breaks
<input type="checkbox"/> Saturday Breakfast	<input type="checkbox"/> Saturday Breaks
<input type="checkbox"/> Sunday Breakfast	
<b>REPRESENTATIVE #3:</b> <b>\$150</b>	
<b>Phone#</b>	<b>Cell#</b>
<b>E-mail</b>	
***Please check the functions you will be attending each day	
<input type="checkbox"/> Friday Breakfast	<input type="checkbox"/> Friday Breaks
<input type="checkbox"/> Saturday Breakfast	<input type="checkbox"/> Saturday Breaks
<input type="checkbox"/> Sunday Breakfast	
<b>REPRESENTATIVE #4:</b> <b>\$150</b>	
<b>Phone#</b>	<b>Cell#</b>
<b>E-mail</b>	
***Please check the functions you will be attending each day	
<input type="checkbox"/> Friday Breakfast	<input type="checkbox"/> Friday Breaks
<input type="checkbox"/> Saturday Breakfast	<input type="checkbox"/> Saturday Breaks
<input type="checkbox"/> Sunday Breakfast	



# Responsibility Agreement

**PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY AND SIGN BELOW. SPACE WILL NOT BE ASSIGNED UNLESS THIS FORM CONTAINS AN AUTHORIZED SIGNATURE.**

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Florida Chapter American College of Physicians, the Renaissance Orlando Resort & Spa, Lake Buena Vista, FL, the affiliates, officers, directors, agents, employees, and partners of each ("Indemnified Parties") harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof, except to the degree of negligence or willful misconduct of the Indemnified Parties.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2025 Exhibitor Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2025 Annual Scientific Meeting. We/I further acknowledge that Florida Chapter ACP reserves the right to reject, at its discretion, any application to exhibit.

<b>Company Name</b>			
<b>Contact Person</b>			
<b>Title</b>			
<b>Authorized Signature</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Fax</b>	<b>Cell Ph</b>	
<b>E-Mail</b>			

**PLEASE RETURN SIGNED AGREEMENT AND COMPLETED REGISTRATION FORM TOO:**

**Florida Chapter ACP**

Attn: Dawn Moerings

2410 Ormsby Circle West

Jacksonville, Florida 32210

Office: (904) 355-0800 ♦ Fax #: (904) 584-9599 ♦ E-mail: [DMoerings@floridachapteracp.org](mailto:DMoerings@floridachapteracp.org)

**Federal ID # 59-6152179**

**All sponsorships must be emailed to Chapter office at time of submission for College approval.**

## **ROOM RESERVATIONS**

Please make your room reservations directly with the  
Westin Fort Lauderdale Beach Resort – Fort Lauderdale, Florida  
Call reservation office at (407) 828-2828 (locally)  
Request FL ACP Group Rate - \$179.00 (single or double occupancy)  
(Room rate cutoff date – OCTOBER 7, 2025)