Sponsor & Exhibitor Application

Contact Information

COMPANY NAME ______________________

ADDRESS ______________________

CITY __________ STATE __________ ZIP __________

PHONE ( ) __________ FAX ( ) __________

E-MAIL ______________________

CONTACT PERSON ______________________

AUTHORIZED SIGNATURE ______________________

BADGE INFORMATION (2 PER 10' x10' BOOTH — EACH ADDITIONAL EXHIBITOR IS $150.00 EACH)

1. __________ (ALL ACCESS*)
2. __________

1. __________
2. __________
3. __________
4. __________

(*Exhibitors: First badge only is all access.)

Summit Sponsorships

SPONSORSHIP LEVEL:

❏ Platinum $15,000
As a Platinum Level Grantor, please list our company as the sponsor for the __________
(please select from one of the event sponsorship or item sponsorship categories below)

❏ Gold $10,000
As a Gold Level Grantor, please list our company as the sponsor for the __________
(please select either the Continental Breakfast or the Luncheon)

❏ Silver $7,500
As a Silver Level Grantor, please list our company as the sponsor for the __________
(please select a break)

Event Sponsorships

❏ Reception $10,000
❏ Key-Note Speaker $5,000
Speaker Name __________
❏ Luncheon $4,500 ❏ Continental Breakfast $3,500
❏ Break $2,500

Item Sponsorships

❏ Conference Bag $7,500
❏ Badge-Holder Necklace $5,000
❏ Pocket Schedule $5,000
❏ Conference Binder $3,500
❏ Calculator $2,500
❏ Coffee Mug $1,500
❏ Day Notepad $1,500
❏ Highlighter Pen $1,500

Summit Binder Advertising

❏ Full Page 4-Color Ad $1,300
❏ Full Page Black/White Ad $800

Exhibiting

If you would only like to purchase a 10' x 10' exhibit space at the Medical Research Summit the price is $1,600. This price includes an exhibit space, 1 complimentary all-access badge for April 21–23, 2004, up to 2 exhibitor badges and company listing in the program guide.

❏ Yes, I would like to purchase an exhibit space at the Medical Research Summit for $1,600 and would like to select:
Booth # _____ 2nd Choice_____ 3rd Choice_____.

❏ Yes, I would like the exhibit space at the Medical Research Summit that is included with my Educational Grantorship:
Booth # _____ 2nd Choice_____ 3rd Choice_____.

Payment Information

❏ Check enclosed for the amount of $__________
(Please make check payable to Health Care Conference Administrators)

❏ Charge to credit card below for the amount of $_______

❏ AMEX ❏ Visa ❏ MC EXP. DATE ___/___

ACCOUNT NUMBER: ______________________

NAME OF CARD HOLDER: ______________________

CARD HOLDER SIGNATURE: ______________________

50% deposit is required for all marketing options chosen. Balance must be paid in full by 3/22/04. Cancellation fee for exhibit space is the full deposit. Exhibiting and Sponsor status is not final until payment is received.
All Sponsorship fees are non-refundable.

Tax ID Number: 91-1892021

A confirmation letter and exhibitor service kit will be sent to confirmed exhibitors prior to the conference.

Signature: ______________________ Date: / /

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above.

MAKE CHECK PAYABLE TO:
Health Care Conference Administrators
Please return this completed form with check to:
Medical Research Summit
attn. Joni Lipson
1211 Locust Street, Philadelphia, PA 19107
Phone: 800.546.3750/215.599.6626 • Fax: 215.545.8107
Email: joni.lipson@rmpinc.com

Hotel Accommodations

See conference brochure for special rates.
For reservations please call 800.228.9290 or 410.385.3000.