

AtlantiCare Regional Medical Center
The Trauma Center
10th Annual Trauma Symposium
May 5th – May 7th, 2008 (Exhibit Days – May 6th & May 7th)
Funding Confirmation Form

Company Name: _____
Contact Person: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Fax: _____ E-mail: _____

WE WILL SUPPORT THE FOLLOWING:

- Main Supporter of TRAUMA SYMPOSIUM** \$8,000.00
(Includes: **NEW** this year you will be the host of the mix and mingle on May 6th in the vending room. You will provide the participants with a drink ticket and snacks. These will be offered on each side of your premier vending space, Exclusive advertising on attendee list, introduced as main supporter, 2 tables in premier location, logo on attendee badges, featured signage and full page ad in program participant book.)

- KEYNOTE LUNCHEON SPEAKER** (2 available)..... \$3,000.00
(Includes one booth, premier location, signage and full page ad in program participant book)

- MORNING KEYNOTE SPEAKER** (3 available) \$2,500.00
(Includes one booth, premier location, signage and 1/2 page ad in program participant book)

- PANEL CASE PRESENTATION** (2 available) \$2,000.00
(Includes one booth, premier location, signage and 1/4 page ad in program participant book)

- BREAKFAST** (2 available) \$1,500.00
(Includes signage and 1/4 page ad in program participant book)

- SPEAKER** (multiple available) \$1,500.00
(Includes signage and 1/4 page ad in program participant book)

- EXHIBIT ONLY** \$ 800.00
- EXHIBIT (WITH ELECTRIC)**..... \$1,000.00

- AFTERNOON BREAK** (2 available) \$ 750.00

Please return this form, The Letter for Commercial Support, a camera-ready logo
along with your check payable to: ARMC / Trauma

Jeannine Lenhart / Trauma Education Coordinator
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1925 Pacific Avenue / Atlantic City, NJ 08401
Phone: 609-441-2165 • Fax: 609-441-8178