

12th Annual Trauma Symposium



May 10-12, 2010 • Atlantic City Convention Center

Exhibitor/Supporter Confirmation Form

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell: _____

Fax: _____

E-mail: _____

WE WILL SUPPORT THE FOLLOWING:

- MAIN SUPPORTER OF TRAUMA SYMPOSIUM** (deadline for this commitment is Dec. 15th due to brochure printing specs) \$5,000.00
(Includes: Premier vending space, exclusive advertising on the brochure (8,500 printed and disbursed), attendee list, introduced as main supporter all three days of conference, 2 tables in premier location, logo on attendee badges, featured signage and full page, full color ad in program participant book.)
- KEYNOTE SPEAKER - GENERAL SESSION & LUNCHEON** (1 available) \$3,500.00
(Includes one booth, premier location, signage and full page, full color ad in program participant book)
- KEYNOTE SPEAKER - SUNRISE SESSION & BREAKFAST** (2 available) \$3,000.00
(Includes one booth, premier location, signage and full page, full color ad in program participant book)
- GUEST SPEAKER - GENERAL SESSION** (3 available) \$2,500.00
(Includes one booth, premier location, signage and full page, full color ad in program participant book)
- GENERAL SESSION SPEAKER** (2 available) \$2,000.00
(Includes one booth, premier location, signage and full page, full color ad in program participant book)
- BREAKOUT SESSION SPEAKER** (multiple available) \$1,500.00
(Exhibit, Plus sign outside the supported lecture and full page, full color ad in participant book)
- EXHIBIT ONLY** (Exhibit space consists of one table [approx 6 ft. x 3 ft.] and two chairs) \$ 800.00
- EXHIBIT (WITH ELECTRIC)** (Electrical outlet space is limited. First come, first serve basis.) \$1,000.00

Representative (s) from your company who will be present:

1. _____ 2. _____

Brief product description and/or services provided by your company: _____

- FULL PAGE AD** (8.5 x 11 - Ads will be a color print in the symposium packet, which is distributed to all attendees.) \$ 500.00
- HALF PAGE AD** (5.5 x 8.5) - Ads will be a color print in the symposium packet, which is distributed to all attendees.) \$ 250.00

Please return this form, the Commercial Support Agreement, a camera-ready logo, and an electronic version of ad (pdf or word doc format), along with your check made payable to: **ARMC / Trauma**

Mary Rodgers / Trauma Education Coordinator
AtlantiCare Regional Medical Center
1925 Pacific Avenue, Atlantic City, NJ 08401
Phone: 609-441-2165 • Fax: 609-441-8178