

AtlantiCare

Annual Trauma Symposium

28th Annual Trauma Symposium
May 11-13, 2026
Harrah's Atlantic City Hotel & Casino

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Exhibitor/Commercial Support

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

WE WILL SUPPORT THE FOLLOWING:

- ☐ **MAIN SUPPORTER OF TRAUMA SYMPOSIUM** (ONE AVAILABLE)
Includes: Premier exhibit space, exclusive placement of full page ad advertising in the program booklet, recognition to include signage outside the vendor room via meeting support signage, 2 tables in premier location in vendor room..... \$5,000.00
- ☐ **GENERAL SESSION/PLATED LUNCHEON SUPPORTER** (ONE AVAILABLE)
Includes: exhibit - premier location, recognition to include signage outside the luncheon and via meeting support signage and full page, full color ad in program book \$3,500.00
- ☐ **SUNRISE SESSION/BREAKFAST SUPPORTER** (TWO AVAILABLE)
Includes: exhibit - premier location, recognition to include signage outside the breakfast and via meeting support signage, and full color in program book..... \$3,000.00
- ☐ **GENERAL SESSION SUPPORTER** (MULTIPLE AVAILABLE)
Includes: exhibit - premier location, recognition to include signage outside the general session and via meeting support signage and full page, full color ad in program participant book..... \$2,500.00
- ☐ **BREAKOUT SESSION SUPPORTER** (MULTIPLE AVAILABLE)
Includes: exhibit - premier location recognition to include signage outside the breakout session and via meeting support signage, and full color ad in program participant book..... \$1,500.00
- ☐ **EXHIBIT ONLY** Includes exhibit space consists of one table [approx 6 ft. x 3 ft.] and two chairs..... \$1,000.00
- ☐ **FULL PAGE AD IN PARTICIPANT BOOK** (8.5 x 11 - Ads will be a color print in the symposium packet, which is distributed to all attendees.)
..... \$ 500.00

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

1. _____ 2. _____

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

Please return this form and an electronic version of ad (pdf format) if needed
along with your check made payable to: **ARMC / Trauma**
Credit Cards are accepted.
www.atlanticare.org/symposium