

Breathing Easier IX: Living with Pulmonary Disease

Wednesday, October 13, 2010

Four Points Sheraton Norwood Hotel and Conference Center



Exhibit Levels

All exhibit fees will be acknowledged on the basis of level of contribution. Exhibit fees will be used to offset registration fees and defray expenses.

\$2000

Platinum

- Exhibit booth (6' skirted table with 2 chairs)
- Exhibitor acknowledgement signage (*All exhibitors will be listed by level*)
- Acknowledgement in symposium program book (*Payment must be received on or before September 24, 2010*)
- Acknowledgement in symposium brochure (*If exhibiting contract finalized prior to printing. DEADLINE: July 15, 2010*)
- **2 complimentary symposium registrations + 1 registrations at \$75**
- **Full-page** acknowledgement in program book (*This may include: name, corporate logos and slogans, if they are not product promotional in nature.*)
- **Individual exhibitor acknowledgment signage**

\$1600

Gold

- Exhibit booth (6' skirted table with 2 chairs)
- Exhibitor acknowledgement signage (*All exhibitors will be listed by level*)
- Acknowledgement in symposium program book (*Payment must be received on or before September 24, 2010*)
- Acknowledgement in symposium brochure (*If exhibiting contract finalized prior to printing. DEADLINE: July 15, 2010*)
- **2 complimentary symposium registrations**
- **Half-page** acknowledgement in program book (*This may include: name, corporate logos and slogans, if they are not product promotional in nature.*)
- **Individual exhibitor acknowledgment signage**

\$1300

Silver

- Exhibit booth (6' skirted table with 2 chairs)
- Exhibitor acknowledgement signage (*All exhibitors will be listed by level*)
- Acknowledgement in symposium program book (*Payment must be received on or before September 24, 2010*)
- Acknowledgement in symposium brochure (*If exhibiting contract finalized prior to printing. DEADLINE: July 15, 2010*)
- One complimentary symposium registration + **2 registrations at \$75 each**
- **One third-page** acknowledgement in program book (*This may include: name, corporate logos and slogans, if they are not product promotional in nature.*)

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\$1000

Bronze

- Exhibit booth (6' skirted table with 2 chairs)
 - Exhibitor acknowledgement signage *(All exhibitors will be listed by level)*
 - **Acknowledgement in symposium program book** *(Payment must be received on or before September 24, 2010)*
 - **Acknowledgement in symposium brochure** *(If exhibiting contract finalized prior to printing. DEADLINE: July 15, 2010)*
 - One complimentary symposium registration + **1 registrations at \$75 each**
 - **Quarter-page** acknowledgement in program book *(This may include: name, corporate logos and slogans, if they are not product promotional in nature.)*
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\$775

Exhibitor

- Exhibit booth (6' skirted table with 2 chairs)
 - Exhibitor acknowledgement signage *(All supporters will be listed by level)*
 - Acknowledgement in symposium program book *(Payment must be received on or before September 24, 2010)*
 - One complimentary symposium registration
-

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EXHIBITOR REGISTRATION FORM

Please indicate exhibitor level:

- | | | |
|--------------------------|-----------|--------|
| <input type="checkbox"/> | Platinum | \$2000 |
| <input type="checkbox"/> | Gold | \$1600 |
| <input type="checkbox"/> | Silver | \$1300 |
| <input type="checkbox"/> | Bronze | \$1000 |
| <input type="checkbox"/> | Exhibitor | \$775 |

Your exhibit booth includes:

2 chairs

Wastebasket

6' skirted table

Please check if you need access to electricity

Attendee Registration

A. _____ Complimentary Registration(s): Number of complimentary attendee registrations based on exhibitor level
(see exhibit level for # of complimentary registrations : Platinum-2, Gold-2, Silver-1, Bronze-1, Exhibitor-1)

B. _____ Discounted Price: Number of attendees at \$75 each
(see exhibit level for # of registrations offered at \$75: Platinum-1, Gold-0, Silver-2, Bronze-1, Exhibitor-0)

C. _____ Full Price: Number of attendees at \$150 each (\$125 by Early Bird deadline: September 8, 2010)

_____ Total number of attendees (Add A, B, & C)

Company: _____

Contact (please print): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Method of Payment (Check, Visa, MC or Amex) # _____

Amount enclosed or to be charged \$ _____

Signature: _____ Date: _____

- Please provide a brief description of your company's services and/or product (on a separate sheet)
- Please provide company information for signage at exhibit booth
- Please make checks payable to **NEW ENGLAND SINAI HOSPITAL**
- Remit payment to:

New England Sinai Hospital
150 York Street
Stoughton, MA 02072
Attn: Darlene Madera

You may fax your registration to 781-297-7509. If you have questions concerning your exhibit area or the symposium please call 781-297-1337 or email: dmadera@nesinai.org

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Attendee List Please provide the following information for each symposium attendee. All supporters and exhibitors are invited to lunch and may attend sessions.

Company: _____

Name: _____ **Title** _____

Address: _____

Phone: _____ **Email:** _____ **Fax:** _____

Please circle your Clinical Discipline (if applicable): RT RN NP PT OT SP MD PA

_____ Check if you are attending the symposium sessions.

Name: _____ **Title** _____

Address: _____

Phone: _____ **Email:** _____ **Fax:** _____

Please circle your Clinical Discipline (if applicable): RT RN NP PT OT SP MD PA

_____ Check if you are attending the symposium sessions.

Name: _____ **Title** _____

Address: _____

Phone: _____ **Email:** _____ **Fax:** _____

Please circle your Clinical Discipline (if applicable): RT RN NP PT OT SP MD PA

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Name: _____ **Title** _____

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