

Sponsorship and Exhibit Space Request Form

Saturday, May 11, 2019
Albany Marriott Hotel
189 Wolf Road
Albany, NY 12205

EXHIBIT INFORMATION

The conference is being held on May 11, 2019. Please have your materials set up in the designated areas by 7:00 am. The space assignments will be clearly marked with a tent card with your company's name on it. Your exhibit space can be either a tabletop display for a 6-foot table, or you may place a freestanding exhibit on the equivalent floor space. Two chairs will also be available. Please do not leave any valuables unattended (e.g., computers).

Exhibit Schedule: May 11, 2019

7:00AM	Set-Up
7:30AM – 8:00AM	Registration, Breakfast, and Exhibits
9:45AM – 10:05AM	Break, Snack, and Exhibits
11:00AM	Breakdown

If you need to mail or deliver boxes, parcels, or equipment to the Albany Marriott, please use the following address:

Albany Marriott Hotel
Hold for Guest:
c/o Spring to Life
[Insert Your Company Name]:
189 Wolf Road, Albany, NY 12205
Ph: 518-458-8444

Please do not hesitate to call our staff if you have any questions.

Phone Number: 1-800-973-0665
Email: exhibits@mymededco.com

Spring To Life™

Conference on Immuno-Oncology:
*Harnessing the Power of our
Immune System in Cancer Therapy*

HOTEL BOOKING INSTRUCTIONS

Albany Marriott Hotel
189 Wolf Road
Albany, NY 12205
Ph: 518-458-8444

Overnight accommodations at the Albany Marriott Hotel are offered at a special rate of \$134/night. Hotel rooms are blocked for the night of May 10, 2019 only. The hotel will extend the negotiated rate to the nights before and after the conference based upon availability.

You may call the hotel directly to make your reservation at 518-458-8444 and mention Group Code: **Med Ed**

Reservations must be made by April 19, 2019 to receive the special rate.

Event staff will be glad to assist you with any special needs (physical, dietary, etc.).

If you have any questions: please call 800-973-0665 or email exhibits@mymededco.com

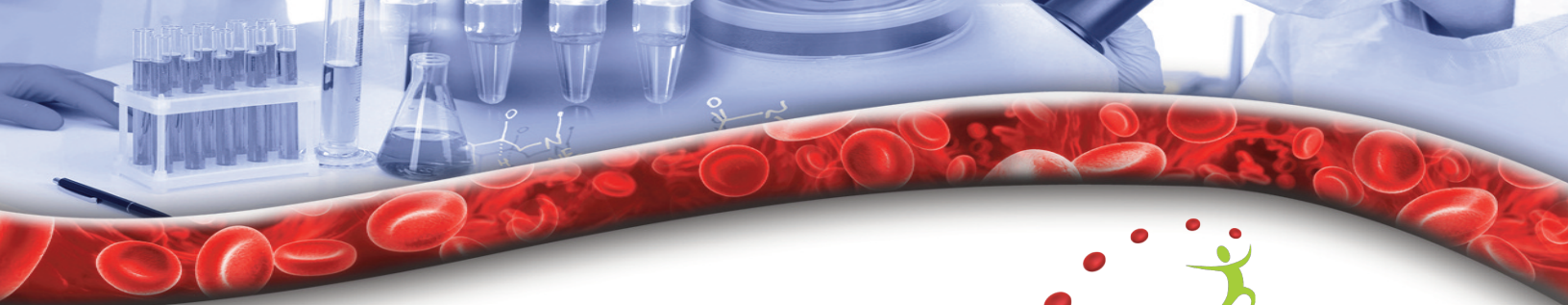
Host

NYO H New York
Oncology
Hematology

Accredited Providers

 LEUKEMIA &
LYMPHOMA
SOCIETY®

CEME
Center for Emergency Medical Education



Spring To Life™

Conference on Immuno-Oncology:
*Harnessing the Power of our
Immune System in Cancer Therapy*

SPONSORSHIP LEVELS*

- Gold = \$5,000**
Includes an opportunity to provide a registration bag insert, and (2) 6-foot tabletop displays or the equivalent floor space.
- Silver = \$3,750**
Includes a bag insert and (1) 6-foot tabletop display or the equivalent floor space.
- Bronze = \$2,500**
Includes (1) 6-foot tabletop display.

* All sponsorship levels include acknowledgment in program materials and on program website.
Exhibit space is provided on a first-come, first-served basis and includes admission to the conference.

Make checks payable to: myMedEd, Inc.
Mail payment to:
518 S. IL Route 31 #194, McHenry, IL 60050
TAX ID: 82-4893155

**PAYMENT MUST BE RECEIVED
BY MAY 3, 2019**

If a letter of request and/or W9 is needed, please contact us and we will provide you with the additional documentation you need.

Phone Number: 1-800-973-0665
Email: exhibits@mymededco.com

SPONSORSHIP APPLICATION

**Exhibit spaces are limited.
Please complete this form and return it
no later than April 26, 2019.**

Exhibit space will consist of 1 or 2 draped 6-foot table(s), each with 2 chairs, or, if preferred, the same size area will be available to accommodate freestanding exhibits. Up to 2 representatives will be allowed to attend the conference.

Company Name: _____
(Company name as it should appear on acknowledgment)

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

- Space Type:** 6-ft Draped Table(s) for Tabletop Display
 Open Space for Freestanding Exhibit
 1 Table and 1 Open Space (for Gold Sponsors only)

Will you require a standard electrical outlet? Yes No

This form can be mailed, faxed, or emailed to:

myMedEd, Inc.
Mail: 518 S. Route 31 #194, McHenry, IL 60050
Fax: 815-331-1279
Email: exhibits@mymededco.com

Representatives who will be attending:

1) Representative 1
Name: _____
Company/Title: _____
City: _____ State: _____
Email: _____

2) Representative 2
Name: _____
Company/Title: _____
City: _____ State: _____
Email: _____