# Sponsorship and Exhibit Space Request Form

# Saturday, April 18, 2020 Marriott Albany 189 Wolf Road Albany, NY 12205

### **EXHIBIT INFORMATION**

The conference is being held on April 18, 2020. 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: April 18, 2020		
6:30AM - 7:00AM	Set-Up	
7:00AM – 8:00AM	Registration, Breakfast, and Exhibits	
8:00AM	Conference Commences	
9:45AM - 10:15AM	Break, Snack, and Exhibits	
11:45AM - 1:00PM	Lunch and Exhibits	
1:30PM	Exhibit Breakdown	
2:15PM	Healthcare Professional Sessions Conclude	

Note: Schedule is subject to change, final agenda will be communicated via email prior to the conference.

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

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

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

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

# Spring To Life<sup>™</sup>

Conference on Lung Cancer 2020

#### HOTEL BOOKING INSTRUCTIONS

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

Overnight accommodations at the Marriott Albany are offered at a special rate of \$129/night. Hotel rooms are blocked for the night of April 17, 2020 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 S2L** 

Reservations must be made by March 27, 2020 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

# NY Hematology

#### Accredited Provider



# **SPONSORSHIP LEVELS\***

#### **Gold = \$5,000**

Includes (2) 6- foot tabletop displays or the equivalent floor space, and an opportunity to provide a registration bag insert.

#### Silver = \$3,750

Includes (1) 6- foot tabletop display or the equivalent floor space, and an opportunity to provide a registration bag insert.

#### 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.

#### Ancillary Product Theater or CME Symposium

Please reach out to nicole@mymededco.com if you are interested in supporting an ancillary event.

# SPONSORSHIP APPLICATION

Exhibit spaces are limited. Please complete this form and return it no later than April 5, 2020.



To complete the form and remit payment online, please go to: https://cmersvp.com/exhibit-processing-form/

If mailing a check, please 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 APRIL 17, 2020

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

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:		
<b>Space Type:</b> 6-ft Draped Table(s) for Tabletop Display	Representatives who will be attending:	
Open Space for Freestanding Exhibit	1) Representative 1	
1 Table and 1 Open Space (for Gold Sponsors only)	Name:	
	Company/Title:	
Will you require a standard electrical outlet? Yes No	City:	State:
	Email:	
This form can be mailed, faxed, or emailed to:	2) Representative 2	
myMedEd, Inc.	Name:	
Mail: 518 S. Route 31 #194, McHenry, IL 60050 Fax: 815-331-1279	Company/Title:	
Email: exhibits@mymededco.com	City:	State:
	Email:	

ADDITIONAL CONFERENCE INFORMATION AND REGISTRATION: https://cmersvp.com/s2l-healthcare-professional/