Sponsorship and Exhibit Space Request Form

2nd Annual BREAST CANCER SYMPOSIUM

Controversies in Breast Cancer: Increasing or Decreasing?



Hudson Hall at the Historic Hudson Opera House

327 Warren Street, Hudson, NY 12534

EXHIBIT INFORMATION

The conference is being held on September 25-26, 2020. Set up and breakdown instructions will be sent as we get closer to the conference date. 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).

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

Hudson Hall at the Historic Hudson Opera House c/o Breast Cancer Symposium [Insert Your Company Name]: 327 Warren Street, Hudson, NY 12534

Ph: 518-822-1438

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

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

For additional conference information and registration visit:

https://cmersvp.com/bcs

NY®H	New York Oncology Hematology
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Host



Exhibit Schedule: Saturday, Sept. 26, 2020			
7:00AM - 8:00AM	Registration and Exhibits		
8:15AM	Conference Commences		
10:45AM - 11:00AM	Break, Snack, and Exhibits		
12:00РМ – 1:00РМ	Lunch and Exhibits		
1:45PM	Exhibit Breakdown		
2:45PM	Adjourn		

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

Accredited Provider



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SPONSORSHIP LEVELS*

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

Ancillary Product Theater or CME Symposium

Exhibit space is provided on a first-come, first-served basis and includes

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

SPONSORSHIP APPLICATION

admission to the conference.

Exhibit spaces are limited. Please complete this form and return it no later than August 28, 2020.

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

To pay by check, make checks payable to: myMedEd, Inc.

Mail payment to: IL Route 31 #194. McHenry, IL 60050

518 S. IL Route 31 #194, McHenry, IL 60050 TAX ID: 82-4893155

PAYMENT MUST BE RECEIVED BY SEPTEMBER 4, 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:		
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	Representatives who wi 1) Representative 1 Name: Company/Title: City:	ll be attending: State:
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	Email: 2) Representative 2 Name: Company/Title: City:	State: