

THE SOUTHEAST NATIONAL CONFERENCE

EXHIBITOR & SPONSORSHIP RESERVATION FORM

COMPANY INFORMATION:

Company Name: _____

Description of Product/Service: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

SELECTED EXHIBITOR / SPONSOR PACKAGE:

- ☐ Standard Booth Conference Exhibitor (\$1,500) ☐ Bronze Sponsor (\$2,500)
- ☐ Silver Sponsor (\$3,000) ☐ Gold Sponsor (\$3,500) ☐ Platinum Sponsor (\$4,000)
- ☐ Unrestricted Educational Grant (value of \$ _____)

A-LA CARTE OPPORTUNITIES:

- ☐ Continental Breakfast Sponsor (\$1,200) ☐ Single Day Morning Break Sponsor (\$1,500)
- ☐ Two Day Morning Break Sponsor (\$2,500) ☐ Thursday Afternoon Cocktail Reception (\$2,500)
- ☐ Lunch & Learn Sponsor (\$3,500)

PAYMENT **Total Due for Selected Exhibitor / Sponsorship Bundle: \$** _____

- ☐ Check Enclosed ☐ Check in Mail ☐ Credit Card ☐ Other: _____

Card Type (American Express is not accepted) _____

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____ Billing Address: _____

Please list the (2) company representatives that will be in attendance:

1) _____

2) _____

AGREEMENT:

Company Representative (print name): _____

Signature: _____

Date: _____

Your signature on this reservation form binds you and your company to this contract at the terms expressed herein. Return form to Patrick Riley via email: priley6@kent.edu or by mail to: Kent State University College of Podiatric Medicine Attn: Patrick Riley 6000 Rockside Woods Blvd. N., Independence, OH 44131