

## 2020 NOTICE OF INTENT TO SUPPORT/EXHIBIT APPLICATION

*No Market Research Companies. Deadline to submit: September 1, 2020*

Company Name \_\_\_\_\_

Company Website \_\_\_\_\_

Please send us your logo in .jpg format with application

### CORPORATE SPONSORSHIP

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Newsletter (Cost: \$120,000)</b>   | <input type="checkbox"/> <b>Hand Sanitizer Stations <b>SOLD</b></b> |
| <input type="checkbox"/> <b>Early Career Lounge (\$15,000)</b>   | <input type="checkbox"/> <b>Wayfinders <b>SOLD</b></b>              |
| <input type="checkbox"/> <b>iPosters Viewer <b>SOLD</b></b>  | <input type="checkbox"/> <b>Water Stations <b>SOLD</b></b>          |
| <input type="checkbox"/> <b>Program Book Ad (\$12,500) full page.</b><br>Each inside cover - <b>SOLD</b> | <input type="checkbox"/> <b>Charging Stations <b>SOLD</b></b>       |
| <input type="checkbox"/> <b>Schedule/Video Wall Ad (\$10,000)</b>  | <input type="checkbox"/> <b>Coffee Breaks <b>SOLD</b></b>           |
| <input type="checkbox"/> <b>Professional Headshot Station <b>SOLD</b></b>                                | <input type="checkbox"/> <b>Window Rail Cling (price varies)</b>    |

### EXHIBIT

Please reserve an exhibit for us. (Please refer to pages 16-17) to help you determine your preferred booth size)

Exhibit size \_\_\_\_\_  Corner  Island  In Line  Table Top

We do not wish to be near the following companies \_\_\_\_\_

Product category (more than one is permitted)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Breast Imaging Systems      | <input type="checkbox"/> Cell Imaging Systems | <input type="checkbox"/> Diagnostic Testing         |
| <input type="checkbox"/> Genetic Testing             | <input type="checkbox"/> Medical Equipment    | <input type="checkbox"/> Medical Textbooks/Journals |
| <input type="checkbox"/> Patient Education Materials | <input type="checkbox"/> Pharmaceuticals      | <input type="checkbox"/> Other (identify): _____    |

Amount \$ \_\_\_\_\_ Publisher set up on Saturday, December 12  Yes  No

Please list any competing companies \_\_\_\_\_

**TOTAL AMOUNT CORPORATE SPONSORSHIP + EXHIBIT FEE \$** \_\_\_\_\_

- PAYMENT** Payment is due 30 days from date of invoice. NOTE: Exhibit placement will be confirmed when payment has cleared. Payment can be made by either check or wire transfer. There is a \$32 additional fee for wire transfer payments.

Send invoice to\* \_\_\_\_\_

\*Provide email and address if different from information given below.

### 2. CANCELLATION POLICY

- Refund less 10% if cancelled by September 1, 2020.
- Refund less 75% if cancelled by September 30, 2020. This policy also applies to reduction of exhibit.
- Positively no refund for cancellations thereafter.

**THIS SECTION MUST BE COMPLETED**

Name of Company Representative \_\_\_\_\_

Contact for Exhibitor Registrations \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Exhibit Contact: \_\_\_\_\_

(exhibit information, including exhibitor registration, booth number, and exhibit kit will be sent by email to this person)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_

**EMAIL THIS FORM TO [sabcs@uthscsa.edu](mailto:sabcs@uthscsa.edu)  
OR FAX TO 210-450-1560 BY SEPTEMBER 1, 2020**