Pharmaceutical Managed Markets Summit

June 27 – 28, 2017 Hyatt Regency Crystal City, Arlington, VA

Grantor/Exhibitor Application

Company Name:					
Company Representative	i				
Street Address:				·	
City:		State:		_ Zip:	
Tel:	Ema	ail:			
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(please select from the e	tor, please list out the event and/or it of tor, please list out vent or item adver please list our co vent or item adver	item advertising ir company as tertising listings lampany as the sertising listings lampany as the ertising categorial	he sponsor below, \$4,5 ponsor for t below, \$3,0 sponsor for es below, \$	for the 00 value limit) the 00 value limit) the 2,500 Value limit)	
Booth # 2nd C	hoice	_ 3rd Choice			
		Advertising	<u>Event</u>		
Networking Reception \$10,000			Networking Luncheon \$4,500		
Continental Breakf	ast \$3,500		Morr	ning or Afternoon Break \$2,500	
		<u>Advertising</u>	<u> Item</u>		
Badge-Holder Necklaces \$4,000			Cyber Café \$4,000		
Registration Desk \$3,000			Game Card and Grand Prize Sponsor \$3,000		
Power Charge Station \$2,500			Webcast Sponsorship \$3,000		
*Individual Marketi	ng Items - \$2,500	0 (example: per	ns, calculato	ors, water bottles, etc.)	
*Marketing Item:					

^{*}Sponsorship fee specified for Individual Marketing Items does not include the cost of the actual items

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Exhibiting

Tabletop Pricing: \$2,995
Yes, I would like to purchase a Tabletop space at the Summit for \$2,995 and would like to select:
Tabletop # 2nd Choice 3rd Choice
Includes: Tabletop space, one (1) complimentary all-access badge to attend the educational sessions, one (1) exhibit hall only badge, post-conference attendee list with physical mailing addresses for a one-time mailing and a company listing on the Sponsors & Exhibitors webpage.
Print Advertising
Full Page Ad in Brochure (Color): \$2,200 Registration Table Top Location: \$1,500
Full Page Ad in Brochure (Black/White): \$1,600 Handout with Brochure: \$2,500
Half Page Ad in Brochure (Color): \$1,400 Plenary Session Seat Drop: \$3,000
Half Page Ad in Brochure (Black/White): \$1,100 Hotel Room Drop: \$2,500
Payment Information
Check enclosed for the amount of \$ (Please make check payable to Health Care Conference Administrators, LLC)
Charge to credit card below in the amount of \$
Name of Card Holder (Please Print):
Card No: Expiration:
Visa MasterCard American Express
Card Holder's Signature:
Exhibiting and Sponsor status is not final until payment is received in full. All fees are non-refundable. TAX ID# 91-1892021
To submit this form for registration, please use any of the following: Fax: (206) 673-4823 Email: exhibits@hcconferences.com
Mail: Pharma Managed Markets Summit Exhibit Office, 12330 NE 8th Street, Suite 101, Bellevue, WA 98005-3187
Signature Date

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and has read and agreed to the Terms and Conditions posted on the conference website at http://www.pharmamanagedmarketssummit.com/promotional/terms.html. Exhibitor/Grantor agrees not to extend invitations, call meetings, or schedule social events, including cocktail hours and/or dinners, involving attendees, or otherwise encourage absence of attendees, other exhibitors, or invited guests at any time during the dates of the event without permissions from the conference organizers.

For more information or any questions related to Sponsorship or Exhibiting, please contact the exhibit office by phone at (206) 673-4815 or email at exhibits@hcconferences.com.