

Educational Grantor & Exhibitor Application

Contact Information

COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE () _____ FAX () _____
 E-MAIL _____
 CONTACT PERSON _____
 AUTHORIZED SIGNATURE _____
 BADGE INFORMATION 1. _____
 (2 PER TABLETOP — 2. _____
 EACH ADDITIONAL 1. _____
 EXHIBITOR IS 2. _____
 \$150.00 EACH 3. _____
 4. _____

Educational Grantor Benefits

- Educational Grantor — the event we want to sponsor is:
- Lunch with Speaker on Monday
 - Lunch with Speaker on Tuesday
 - Keynote Speaker or Panel
 - Continental Breakfast (2 available — Mon. or Tues.)
 - 1 Refreshment Break (2 breaks available)

Other Sponsorship Opportunities

- | | |
|--|--|
| <input type="checkbox"/> Networking Reception | <input type="checkbox"/> Highlighter Pen ... \$5,000 |
| \$12,000 | <input type="checkbox"/> Calculator \$6,000 |
| <input type="checkbox"/> Conference Bags \$10,000 | <input type="checkbox"/> Badge-Holder Necklaces |
| <input type="checkbox"/> Binder \$10,000 | \$8,000 |
| <input type="checkbox"/> Notepad \$8,000 | <input type="checkbox"/> Pocket Schedule \$5,000 |
| <input type="checkbox"/> Coffee Mugs \$8,000 | |

Tabletop Rental (Includes 2 exhibitor personnel)

- Tabletop rental _____ @ \$1300 \$ _____
 Add'l personnel at table _____ @ \$150 \$ _____
 Add'l personnel at table _____ @ \$450 \$ _____
 attending conference

Tabletop choice — see floor plan for location numbers:

1st choice _____ 2nd choice _____ 3rd choice _____

Please list any companies you would rather not be near:

Advertising

- Reserve my company a prime advertising spot in the program. Description of ad(s) — size, color etc.:

Payment Information

- Educational Grantor
 Major Sustaining Contributing Cost \$ _____
 Other Sponsorship Opportunities Cost \$ _____
 Exhibitor Cost \$ _____
 Advertiser _____ Pages (see rate sheet) Cost \$ _____
 *Total \$ _____

Tax ID Number _____

Reservations for Conference Educational Sessions

With the purchase of each 6' tabletop space, exhibitors receive one admission to the Pharmaceutical Summit educational sessions. To receive a Pharmaceutical Summit registration packet, call Joni Lipson at 800-546-3750.

Billing Information Amount \$ _____

- Check Enclosed
 Charge my Credit Card:
 AMEX Visa MC EXP. DATE ____ / ____
 ACCOUNT NUMBER: _____
 NAME ON CARD: _____
 SIGNATURE: _____

50% deposit is required for all marketing options chosen. Balance must be paid in full by 5/11/01. Cancellation fee for exhibit space is the full deposit. Advertising and Educational Grantor fees are non-refundable. A confirmation letter and exhibitor service kit will be sent to confirmed exhibitors prior to the conference. Two exhibitor name badges will be issued per display space.

Make check payable to:
 Health Care Conference Administrators, LLC.
 Please return this completed form with check to:
 Joni Lipson
 1211 Locust Street, Philadelphia, PA 19107
 Fax: 215-545-8107 • Phone: 800-546-3750
 Email: joni.lipson@rmpinc.com