



Emergency Medicine Board Review Course

Westin BWI Hotel
1101 Old Elkenridge Landing
Baltimore, MD 21090

September 10 - 13, 2010

EXHIBITOR / SPONSOR INFORMATION

The Pennsylvania Chapter, American College of Emergency Physicians (PaACEP) is celebrating 25 years of preparing physicians and residents to take their board examination. This year, we anticipate 130 emergency medicine physicians, nurses, and physician assistants will attend the course from around the United States and abroad. In 2009 we had 128 attendees from over 20 states and three countries.

Table Top Exhibit

Investment: **\$475.00**

With open exhibit hours available during the dinner break on Friday evening and throughout the day on Saturday and Saturday, your company is sure to have plenty of time to talk with meeting attendees. Exhibit space includes: one 6' table, 2 chairs, and trash can. Electricity is available for \$25.00. In addition to exhibit space, representatives will be provided with breakfast, lunch, and refreshments. Attendance for two company representatives is included in the registration fee. Additional representatives may attend for \$50.00. **For dedicated exhibit schedule, please see next page.*

In addition to an exhibit table, your company may support our meeting with an ala carte sponsorship. A complete list of support opportunities can be found on the application below. Sponsors receive a reduced rate of \$250 per exhibit table (not applicable to raffle sponsors) and acknowledgement in the chapter newsletter.

AL A CARTE SPONSORSHIP OPPORTUNITIES

Raffle Prizes

Investment: **Your time and energy! (and a prize)**

All you have to do is provide a prize for drawings to be held during each coffee/lunch break and the Welcome Reception. You will be recognized when your prize is given away. *(This is an advertising opportunity. Sponsorship benefits do not apply.)*

Coffee Breaks

Investment: Day 1- \$1,000
Day 2- \$ 800
Day 3- \$ 550

All three days for just \$2,050 (Exclusive)

Coffee, tea and other beverages served in the exhibit area, with adjacent table top display plus on-site signage. Sponsoring the coffee break is like having an additional booth in an area where every attendee visits!

Continental Breakfasts

Investment: **Supporter- \$600 and up (YOU specify the amount to contribute!)**

Sponsor Day 1- \$2,700
Day 2- \$2,200
Day 3- \$1,700

All three days for just \$6,000 (Exclusive)

Continental breakfasts served in the exhibit area with adjacent table top display plus on-site signage. Sponsoring the continental breakfast is like having an additional booth in an area where every attendee visits!

Meeting Attendee Bags

Investment: **\$1,000 (Exclusive)**

The PaACEP Board Review Course provides attendees with a significant amount of educational materials. Sponsoring the meeting bags will ensure that attendees can carry everything we give them as well as all materials you'd like to provide at your exhibit booth! Bags will feature the PaACEP 25th Anniversary Logo and your company will be acknowledged as the sponsor in printed materials on site and in the course announcements.

SET UP/ DISMANTLE

Set up time is available on Friday, September 10th from 3:00-4:00 pm or on Saturday, September 11th at 6:30 am. Packages may be shipped to the Westin BWI but should arrive no earlier than Wednesday, September 8th. Detailed shipping information will be provided with exhibitor confirmation. Exhibitors may begin dismantling anytime after 3:30 pm on Sunday, September 12th.

This course will be held at the Westin BWI Hotel in Baltimore, MD. The hotel is conveniently located near the airport and offers complimentary airport shuttle service. Free parking is also available. An overnight rate of \$120 plus tax is available until August 17 by calling (443)577-2300. Be sure to specify you'd like the PaACEP room block.

Dedicated Exhibit Time/Exhibitor Schedule

2010 PaACEP Emergency Medicine Board Review Course

Exhibitor Schedule

Friday, September 10

3:00 pm	Hotel Check in available
3:00 - 5:30 pm	Exhibitor check in/set up
5:45 - 7:00 pm	Dinner Break/Visit Exhibits

Saturday, September 11

6:30 am	Exhibitor Set up
7:00 - 8:00 am	Continental breakfast/Visit Exhibits
10:15 - 10:45 am	Break/visit exhibits
12:15 - 1:00 pm	Lunch (<i>provided</i>)/Visit Exhibits
3:00 - 3:30 pm	Break/Visit Exhibits
4:45 - 5:00 pm	Break/Visit Exhibits

Sunday, September 12

7:00 - 8:00 am	Continental Breakfast/Visit Exhibits
10:15 - 10:45 am	Break/Visit Exhibits
12:15 - 1:00 pm	Lunch (<i>provided</i>)/Visit Exhibits
3:00 - 3:30 pm	Break/Visit Exhibits
3:30 pm	Exhibitor Tear Down

For a complete program schedule, including exhibit times, please visit www.paacep.org. For more information, please call MaryTherese Gallagher, PaACEP Meeting Manager, directly at 717-909-2685, toll free 877-373-6272 or email mgallagher@pamedsoc.org.



**Emergency Medicine Board Review,
September 10-13, 2010
Westin BWI Hotel, Baltimore, MD**

EXHIBIT RESERVATION FORM

Company: _____

Contact Person: _____

Address: _____ City: _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Organizations not desired in close proximity*

**Every effort will be made to avoid the companies listed; however, no guarantee can be made.*

Names of attending company representatives*

**Attendance for two company representatives is included in the exhibit fee. You are welcome to send additional representatives for \$50 each.*

- My company would like to purchase exhibit space only for \$475
 - My company requires ____ electrical outlet(s) at \$25.00 each
- My company would like to purchase a sponsorship package only (see packages below)
- My company would like to purchase a sponsorship package (see below) and exhibit space for \$250
 - My company requires ____ electrical outlet(s) at \$25.00 each

In addition to, or instead of exhibit space, we would like to purchase the following:

- | | |
|---|---|
| <input type="checkbox"/> Coffee Breaks | <input type="checkbox"/> Continental Breakfast |
| <input type="checkbox"/> Day 1, \$1,000 | <input type="checkbox"/> Day 1, \$2,700 |
| <input type="checkbox"/> Day 2, \$800 | <input type="checkbox"/> Day 2, \$2,200 |
| <input type="checkbox"/> Day 3, \$550 | <input type="checkbox"/> Day 3, \$1,700 |
| <input type="checkbox"/> 3 Days, \$2,250 (exclusive) | <input type="checkbox"/> 3 Days, \$6,200 (exclusive) |

Meeting Attendee Bags \$1,000

My Company would like to provide the PaACEP Board Review Course with an unrestricted sponsorship in the amount of \$_____

My company will participate in the drawing by providing a prize (Prizes should be delivered to PaACEP on-site)

Please note- A 50% deposit is required to reserve exhibit space or sponsorship package. A credit card may be provided to hold your exhibit space while a corporate check is cut or may be used to pay in full. Checks should be made payable to PaACEP. All exhibit fees must be paid in full on or before September 3, 2010.

Refunds will be given minus a \$60 processing fee for cancellations before August 15, 2010. All cancellations must be submitted in writing to mgallagher@pamedsoc.org. Any cancellations received after this time will receive a 50% refund of their registration fee. Attendee Bag sponsorship is non-refundable.

Payment:

Check for \$ _____ is enclosed

Please hold exhibit space/sponsorship package on my credit card (please provide card information below)

Please charge \$ _____ to: VISA MasterCard American Express Discover

Card# _____

Card Billing Address _____

Expiration Date _____ CC Verification Number (3 or 4 digits on back of card) _____

Name as it appears on card _____

Signature _____

Agreement

A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms, and conditions in the Prospectus, and any other issued by PaACEP regarding the 2009 Board Review Course; willingness to abide by the payment policy; acknowledgment of having read the rules and regulations; and agreement that the rules and regulations are an integral and binding part of this contract.

Signature _____

Date _____

Name (please print) _____

Title _____

Please return this form with payment to PaACEP MaryTherese Gallagher, Meeting Manager 777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820 PHONE: 877-373-6272; Ext. 2685 FAX: 717-558-7841
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Office Use Only: Date contract received: _____ Amount pd/due _____ Check # _____