




2017 Minnesota Stroke and Cardiac Emergencies Conference JUNE 15 & 16, 2017

Exhibitor / Sponsorship Opportunities & Pricing

<p>GOLD SPONSOR</p> 	<ul style="list-style-type: none"> ▪ GOLD Standard exhibit space; Linen covered 6’ table, 2 chairs ▪ Recognition on table topper (logo) on each lunch table ▪ One page marketing slip sheet to be given to attendees ▪ Recognition on event signage (logo) in common area ▪ Listed on the sponsor boards (logo) during conference in common areas ▪ Name displayed on exhibitor listing ▪ Complimentary standard electrical & wireless access ▪ Two complimentary registration passes to attend conference ▪ Lunch & refreshment breaks for 2 people ▪ Conference name tags for each person at your booth ▪ One pre conference attendee list PDF file– one week prior to conference. Exclusive of personal home addresses. ▪ One post conference attendee list PDF file of final conference audience – delivered within one week after conference. Exclusive of personal home addresses. ▪ Continuing education credit to members in your party that are also health care professionals 	<p>\$10,000.00</p>
<p>SILVER SPONSOR</p> 	<ul style="list-style-type: none"> ▪ SILVER Standard exhibit space; Linen covered 6’ table, 2 chairs ▪ Recognition on event signage (logo) in common area ▪ Listed on the sponsor boards (logo) during conference in common areas ▪ Recognition on one-pager (logo) inclusive of all sponsors given to attendees ▪ Name displayed on exhibitor listing ▪ Complimentary standard electrical & wireless access ▪ Two complimentary registration passes to attend conference ▪ Lunch & refreshment breaks for 2 people ▪ Conference name tags for each person at your booth ▪ One post conference attendee list PDF file of final conference audience – delivered within one week after conference. Exclusive of personal home addresses. ▪ Continuing education credit to members in your party that are also health care professionals 	<p>\$5,000.00</p>
<p>BRONZE SPONSOR</p> 	<ul style="list-style-type: none"> ▪ BRONZE Standard exhibit space; Linen covered 6’ table, 2 chairs ▪ Listed on the sponsor boards (logo) during conference in common areas ▪ Recognition on one-pager (logo) inclusive of all sponsors given to attendees ▪ Name displayed on exhibitor listing ▪ Complimentary standard electrical & wireless access ▪ Two complimentary registration passes to attend conference ▪ Lunch & refreshment breaks for 2 people ▪ Conference name tags for each person at your booth ▪ One post conference attendee list PDF file of final conference audience – delivered within one week after conference. Exclusive of personal home addresses. ▪ Continuing education credit to members in your party that are also health care professionals 	<p>\$2,500.00</p>
<p>STANDARD EXHIBIT SPACE</p>	<ul style="list-style-type: none"> ▪ STANDARD exhibit space; Linen covered 6’ table, 2 chairs ▪ Name displayed on exhibitor listing ▪ Complimentary standard electrical & wireless access ▪ Two complimentary registration passes to attend conference ▪ Lunch & refreshment breaks for 2 people ▪ Conference name tags for each person at your booth ▪ One post conference attendee list PDF file of final conference audience – delivered within one week after conference. Exclusive of personal home addresses. ▪ Continuing education credit to members in your party that are also health care professionals 	<p>\$1,500.00</p>

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Exhibitor / Sponsorship Opportunities & Pricing (Cont'd)

BREAK/MEAL SPONSOR	<ul style="list-style-type: none"> ▪ Recognition on signage located at the designated area of break or meal location. ▪ Recognition on one-pager inclusive of all sponsors given to attendees 			
Breaks & Meals	<u>June 15, 2017 Events Available</u>			
	<input type="checkbox"/>	Breakfast Supporter	\$750.00	\$ _____
	<input type="checkbox"/>	AM Refreshment Break Supporter	\$500.00	\$ _____
	<input type="checkbox"/>	Lunch Supporter	\$1000.00	\$ _____
	<input type="checkbox"/>	PM Refreshment Break Supporter	\$500.00	\$ _____
	<input type="checkbox"/>	Social Hour Supporter	\$1000.00	\$ _____
	<u>June 16, 2017 Events Available</u>			
	<input type="checkbox"/>	Breakfast Supporter	\$750.00	\$ _____
	<input type="checkbox"/>	AM Refreshment Break Supporter	\$500.00	\$ _____
	<input type="checkbox"/>	Lunch Supporter	\$1000.00	\$ _____
	<input type="checkbox"/>	PM Refreshment Break Supporter	\$500.00	\$ _____
	Break & meal sponsorships are based on a first come, first serve basis			
		Sponsor Fee		\$ _____
		Exhibitor Fee		\$ _____
	Total Fees		\$ _____	

The Minnesota Department of Health reserves the right to decline sponsorship applications based on potential or real conflicts of interest, or based on our discretion.

2017 Minnesota Stroke and Cardiac Emergencies Conference JUNE 15 & 16, 2017 (Cont'd)

Company Name: _____
 Company Address: _____
 Company Website: _____
 Company Contact for Exhibiting: _____
 Contact Cell Phone: _____

Name(s) of Representatives who will be present at the exhibitor booth & conference.

Check if same representatives on both days.

Thursday, June 15, 2017 (Stroke day): Leave blank if you do not intend to exhibit on this day

Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Needs: (dietary, accessibility, etc): _____	Needs: (dietary, accessibility, etc): _____

Friday, June 16, 2017 (Cardiac day): Leave blank if you do not intend to exhibit on this day

Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Needs: (dietary, accessibility, etc): _____	Needs: (dietary, accessibility, etc): _____

All Payments Made to: Treasurer, State of Minnesota

Please fax exhibitor registration forms and credit card payments to (952)252-8096 or mail with check to: MN Stroke & Cardiac Emergencies Conference, Attention: Shelly Losinski, 5353 Wayzata Boulevard, Suite 350, St. Louis Park, MN 55416.

Conference registration questions? Contact Shelly Losinski at 952-252-3573, ext. 177 or slosinski@intrinxec.com

Payment in full is to be included with this exhibitor registration. ***Cancellations of booth reservations must be received in writing no later than May 1, 2017, will receive a refund (less a \$500 processing fee). No refunds can be made after this date unless we resell the booth.***



_____ - _____ - _____ - _____
 Expiration Date ____ - ____ 3 or 4 digit code ____ - ____ - ____ - ____

Cardholder Name (Please Print) _____ Signature: _____

Exhibitor Agreement

It is mutually agreed and understood by both parties:

1. Company shall pay fee for selection on Reservation Form along with completion of the information on pages 1-3 of the Exhibitor agreement. Payment constitutes final sale and is non-refundable for cancellation.
2. That the exhibit area be used solely by the company paying for the space. Sharing booth space with another organization/company is not permitted.
3. That no portion of the display shall extend into or otherwise encroach upon any other booth space, aisle, walkway or public area. No alterations may be made to the exhibit area without the consent of Exhibit Coordinator.
4. That the exhibit area shall be kept in clean condition.
5. That no food or beverage products be sold or handed out free of charge from the booth space without prior approval from the Exhibit Coordinator.
6. That the Company should hold harmless the Minnesota Department of Health or any of their agents for any liability, or personal injury to themselves or their agents, and/or loss or damage to personal property or company property during any portion of the conference.
7. **ALL BOOTHS MUST BE SET UP BY 7:30 A.M. ON THURSDAY, JUNE 15, 2017.** This is to minimize disruption to the conference. Booth location will be provided by and at the discretion of the Exhibit Coordinator.
8. That the premises be vacated by 5:30 P.M. on Friday, June 16th, 2017.
9. It is understood and agreed that fee entitles Company the use of booth space and any amenities noted as part of sponsorship. Above this, any and all conference sessions and meals are not part of this agreement unless purchased on Reservation Form.
10. The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims.

Signed by:

Signature: _____ Print Name: _____

Title: _____ Date: _____

Company: _____