

# SPONSORSHIP AND EXHIBIT INFORMATION

## 2016 **Botulinum Toxin Therapy Update:**

### FOCUS ON LIMB DYSFUNCTION

#### BOSTON

**October 8, 2016**

7:30am – 4:15pm

**ROYAL SONESTA BOSTON**

40 EDWIN H. LAND BLVD.  
CAMBRIDGE, MA 02142

#### NEWPORT BEACH

**October 15, 2016**

7:30am – 4:15pm

**NEWPORT BEACH MARRIOTT**

900 NEWPORT CENTER DR.  
NEWPORT BEACH, CA 92660

#### EXHIBIT SCHEDULE

|                   |                                      |
|-------------------|--------------------------------------|
| 7:00am – 7:30am   | Exhibitor Set-Up                     |
| 7:30am – 8:00am   | Registration,<br>Breakfast, Exhibits |
| 9:45am – 10:00am  | Break, Exhibits                      |
| 11:45am – 12:30pm | Working Lunch,<br>Exhibits           |
| 12:50pm – 1:00pm  | Workshop Transition,<br>Exhibits     |
| 2:20pm – 2:30pm   | Workshop Transition,<br>Exhibits     |
| 3:50pm – 4:00pm   | Break, Exhibits                      |

#### HOTEL ACCOMMODATIONS

For hotel booking instructions, go to <https://naneurotoxin.org/live-meetings/> and look for the hotel booking instructions for the conference you plan to attend.

#### EXHIBIT INFORMATION

The North American Neurotoxin Association (NANA) is organizing 2 botulinum toxin therapy update conferences this fall. Expected attendance is approximately 100 neurologists, physiatrists, pain specialists, resident physicians, nurse practitioners, registered nurses, and other allied health practitioners.

For more conference information, go to: <https://naneurotoxin.org/live-meetings/>

Please refer to the Exhibit Schedule for set-up times.

**Sponsor both conferences and received a 20% multi-conference discount.**

**If you need to mail or deliver boxes, parcels, or equipment to the hotel, please use the following address(es):**

#### BOSTON

**Deliver by October 6, 2016**

ROYAL SONESTA BOSTON  
Attn: NANA Exhibitor  
40 Edwin H. Land Blvd.  
Cambridge, MA 02142

#### NEWPORT BEACH

**Deliver by October 13, 2016**

NEWPORT BEACH MARRIOTT  
Attn: NANA Exhibitor  
900 Newport Center Dr.  
Newport Beach, CA 92660

**Include Number of Boxes (1 of 2, 2 of 2, etc.). Please be sure to number all boxes.**

#### SPONSORSHIP LEVELS

##### ■ GOLD = \$5,000

Includes an opportunity to provide a registration bag insert, and (2) 6-foot tabletop displays or the equivalent floor space.

##### ■ SILVER = \$3,750

Includes a bag insert and (1) 6-foot tabletop display or equivalent floor space.

##### ■ BRONZE = \$2,500

Includes (1) 6-foot tabletop display.

***Sponsor BOTH conferences  
and receive a 20% discount!***

##### ■ GOLD = \$8,000

##### ■ SILVER = \$6,000

##### ■ BRONZE = \$4,000

\* All sponsorship levels include acknowledgment in program materials and on program website.

# SPONSORSHIP AND EXHIBIT REQUEST FORM

## SPONSORSHIP LEVELS\*

### Check desired sponsorship level:

- GOLD = \$5,000**  
Includes an opportunity to provide a registration bag insert, and (2) 6-foot tabletop displays or the equivalent floor space.
- SILVER = \$3,750**  
Includes a bag insert and (1) 6-foot tabletop display or the equivalent floor space.
- BRONZE = \$2,500**  
Includes (1) 6-foot tabletop display.

### Check desired location(s):

- October 8, 2016 – Cambridge, MA**
- October 15, 2016 – Newport Beach, CA**
- Both Conferences (20% DISCOUNT)**
- GOLD = \$8,000**    **SILVER = \$6,000**    **BRONZE = \$4,000**

\*All sponsorship levels include acknowledgment in program materials and on the conference website. Exhibit space is provided on a first-come, first-served basis and includes admission to the conference.

**Make checks payable to:**  
MedEd Consulting

**Mail payment to:**  
PO Box 788, Spring Grove, IL 60081  
**TAX ID: 27-5404779**

**PAYMENT MUST BE RECEIVED  
PRIOR TO CONFERENCE DATE**

To obtain a letter of request and/or W-9,  
please send your request via  
email to [exhibits@mededconsulting.com](mailto:exhibits@mededconsulting.com)  
or dial 866-599-7299 option 1  
and leave a message.

## SPONSORSHIP APPLICATION

**Exhibit spaces are limited. Please complete this form and return it no later than September 30, 2016**

PLEASE LIST COMPANY NAME **EXACTLY** AS IT SHOULD APPEAR ON PROGRAM MATERIALS TO ACKNOWLEDGE SUPPORT.

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- Space Type:**    6-Ft Draped Table(s) for Tabletop Display  
                   Open Space for Freestanding Exhibit  
                   1 Table and 1 Open Space (for Gold Sponsors only)

**Will you require a standard electrical outlet?**    Yes    No

**Representatives who will be attending:**

### 1) REPRESENTATIVE 1

NAME: \_\_\_\_\_

COMPANY/TITLE: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### 2) REPRESENTATIVE 2

NAME: \_\_\_\_\_

COMPANY/TITLE: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*Exhibit space will consist of 1 or 2 draped 6-foot table(s), each with 2 chairs, or, if preferred, the same size area will be available to accommodate freestanding exhibits. Up to 2 representatives will be allowed to attend the conference.*

**THIS FORM CAN BE MAILED,  
FAXED, OR EMAILED TO:**

**MedEd Consulting**

**Mail:** PO Box 788  
Spring Grove, IL 60081

**Fax:** 815-516-0235

**Email:** [exhibits@mededconsulting.com](mailto:exhibits@mededconsulting.com)