

EDUCATIONAL GRANT & SPONSORSHIPS



February 6-8, 2025 | Carlsbad, CA

SPONSOR INFORMATION

COMPANY NAME _____ WEBSITE _____

EDUCATIONAL GRANT CONTACT PERSON (to whom all information will be sent)

NAME _____ EMAIL _____ CELL/DIRECT PHONE NUMBER/ EXT. _____

EXHIBIT & WORKSHOP CONTACTS (if different from above, to whom all exhibit & workshop info will be sent)

NAME (EXHIBIT CONTACT) _____ EMAIL _____ CELL/DIRECT PHONE NUMBER/ EXT. _____

NAME (WORKSHOP/DEMO CONTACT) _____ EMAIL _____ CELL/DIRECT PHONE NUMBER/ EXT. _____

PLEASE CHECK ALL OPPORTUNITIES

Educational Grant	Amount
<input type="checkbox"/> Educational Grant	US\$ _____

Online Grant Application Link:

In-Kind Workshop Support	Qty.
<input type="checkbox"/> Arthroscopic towers (scope, video, shaver, pump, coblation, suction, specimen tray, tubing, power drills/saws, arthroscopic instruments)	_____
<input type="checkbox"/> General instrumentation (to include snaps, scissors, retractors, etc.)	_____
<input type="checkbox"/> Meniscal repair instrumentation and devices	_____
<input type="checkbox"/> Meniscal transplantation instrumentation	_____
<input type="checkbox"/> Microfracture instrumentation	_____
<input type="checkbox"/> Osteochondral autograft instrumentation	_____
<input type="checkbox"/> Osteochondral allograft instrumentation	_____
<input type="checkbox"/> Patella Stabilization (MPFL/MQTFL)	_____
<input type="checkbox"/> Distal Femoral Osteotomy	_____
<input type="checkbox"/> High Tibial Osteotomy	_____
<input type="checkbox"/> Tibial Tubercle Osteotomy	_____
<input type="checkbox"/> Other instrumentation that may be associated with the topics covered in the conference.	_____

Industry Sponsored Demos (\$7,500 each)	Product Name
Sponsored demo includes registration for 2 additional industry personnel. Please select all areas of interest for Program Committee consideration.	
<input type="checkbox"/> Bone Marrow Lesion Repair	_____
<input type="checkbox"/> Distal Femoral Osteotomy	_____
<input type="checkbox"/> High Tibial Osteotomy	_____
<input type="checkbox"/> Meniscus Repair	_____
<input type="checkbox"/> Meniscus Replacement	_____
<input type="checkbox"/> Osteochondral Autograft (Particulated, OAT)	_____
<input type="checkbox"/> Osteochondral Allograft (Particulated, OCA)	_____
<input type="checkbox"/> Patella Stabilization (MPFL/MQTFL)	_____
<input type="checkbox"/> Tibial Tubercle Osteotomy	_____
<input type="checkbox"/> Agili-C	_____
<input type="checkbox"/> Denovo NT, Subchondroplasty	_____
<input type="checkbox"/> MACI	_____
<input type="checkbox"/> Novocart	_____
<input type="checkbox"/> Other: _____	_____

Exhibit Booth (Confirmed upon payment)	Amount
<input type="checkbox"/> 6'x30" table-top exhibit draped & skirted	US \$3,000
<ul style="list-style-type: none"> • 1 Company Representative Registration • Access to the scientific sessions & social events • Recognition on website, final program, signage, and slides • One insert in attendee bag 	

Advertising (Confirmed upon payment)	Amount
<input type="checkbox"/> Final Program Outside Back Cover (SOLD)	US \$ 750
<input type="checkbox"/> Final Program Inside Front Cover	US \$ 750
<input type="checkbox"/> Final Program Inside Back Cover	US \$ 650
<input type="checkbox"/> Final Program Full Page Ad	US \$ 500
<input type="checkbox"/> Broadcast Email to Attendees	US \$ 1,000
<input type="checkbox"/> Attendee Bag with ISMF and Company Logo	US \$ 1,500

TOTAL \$ _____

METHOD OF PAYMENT FOR EDUCATIONAL GRANT & SURGICAL DEMOS

EMAIL THIS FORM TO ISMF@MCJCONSULTING.COM

- Check:** Kerlan-Jobe Orthopaedic Foundation (Tax ID: 95-4707606)
Attn: Karen Ladnier, 6801 Park Terrace, Suite 140 Los Angeles, CA 90045 (925) 915-6490
- Bank Transfer:** Contact the Program Office
- Credit Card:** The ISMF Office will email an invoice (payable online) to the contact listed above.