

EXHIBIT & SPONSORSHIP APPLICATION

SPONSOR MAILING ADDRESS

COMPANY NAME			
ADDRESS			
CITY	STATE / PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE		WEBSITE	

EXHIBITS CONTACT PERSON (to whom all information will be sent)

NAME	EMAIL	CELL/DIRECT PHONE NUMBER/ EXT.
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SURGICAL DEMO & WORKSHOP CONTACT PERSON (to whom all information will be sent)

NAME	EMAIL	CELL/DIRECT PHONE NUMBER/ EXT.
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PLEASE CHECK ALL OPPORTUNITIES YOU WOULD LIKE

Exhibit Booth	COST	Industry Sponsored Demos and Workshop	
<input type="checkbox"/> 6'x30" table-top exhibit draped & skirted - 1 Company Representative Registration - Access to the course - Recognition on website, final program, signage and slides - One complimentary insert in attendee bags	US \$2,500 (US \$1,500 w/ lab support)	<input type="checkbox"/> Surgical Demo <input type="checkbox"/> Hands-on Workshop Participation - Hands-on cadaver workshop for fellows (articular cartilage and patellofemoral)	ISMF Office to contact with details
Advertising	COST	Advertising	COST
<input type="checkbox"/> Final Program Outside Back Cover	US \$ 500	<input type="checkbox"/> Attendee Bag with Company Logo	US \$ 750
<input type="checkbox"/> Final Program Inside Back Cover	US \$ 500		
<input type="checkbox"/> Final Program Full Page Ad	US \$ 300		

METHOD OF PAYMENT FOR EXHIBIT & SPONSORSHIP (FULL PAYMENT DUE DECEMBER 15, 2022)

MAIL THIS FORM AND PAYMENT TO: MCJ Consulting
Attn: ISMF Conference
6008 Pelican Way
College Grove, TN 37046
(925) 915-6490

TOTAL \$

Check: make check payable to MCJ Consulting

Wire Transfer: Contact the Program Office

Credit Card: VISA MasterCard American Express

CARD NUMBER

CCV

NAME (AS IT APPEARS ON CARD)

EXP. DATE

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)

DATE