

EDUCATIONAL GRANT, SPONSORSHIPS & EXHIBIT BOOTH COMMITMENT FORM

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)

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)

<input type="checkbox"/> 6'x30" table-top exhibit draped & skirted	US \$3,000
• 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)

<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 OFFICE@ISMF-CONFERENCE.COM.

- ☐ **Check:** Santa Monica Sports Medicine Research Foundation (Tax ID: 95-4789926)
Attn: Karen Ladnier, 6801 Park Terrace, Suite 140 Los Angeles, CA 90045 (Phone: 310-665-7129)
- ☐ **Bank Transfer:** Contact the Program Office
- ☐ **Credit Card:** The ISMF Office will email an invoice (payable online) to the contact listed above.