

EDUCATIONAL GRANT, SPONSORSHIPS & EXHIBIT BOOTH COMMITMENT FORM



SPONSOR INFORMATION

COMPANY NAME

WEBSITE

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

NAME (GRANTS MANAGER)

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 OF INTEREST

Educational Grant	Amount
☐ Educational Grant Online Grant Application Link: _____	US\$ _____

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

Workshop Sponsorship	Amount
☐ Check-out Station	US \$1,750
☐ Specialty Station	US \$7,500

Industry Sponsored Demos (\$8,000 each)	Product Name
Sponsored demo includes registration for 2 additional industry personnel. Please select all areas of interest for Program Committee consideration.	
☐ Bone Marrow Lesion Repair	_____
☐ Distal Femoral Osteotomy	_____
☐ High Tibial Osteotomy	_____
☐ Meniscus Repair	_____
☐ Meniscus Replacement	_____
☐ Osteochondral Autograft (Particulated, OAT)	_____
☐ Osteochondral Allograft (Particulated, OCA)	_____
☐ Patella Stabilization (MPFL/MQTFL)	_____
☐ Tibial Tubercle Osteotomy	_____
☐ Agili-C	_____
☐ Denovo NT, Subchondroplasty	_____
☐ MACI	_____
☐ Novocart	_____
☐ Other: _____	_____

Exhibit Booth (Confirmed upon payment)	Amount
☐ 6'x30" table-top exhibit draped & skirted	US \$3,500

Advertising (Confirmed upon payment)	Amount
☐ Final Program Outside Back Cover (SOLD)	US \$ 850
☐ Final Program Inside Front Cover	US \$ 850
☐ Final Program Inside Back Cover	US \$ 750
☐ Final Program Full Page Ad	US \$ 600
☐ Attendee Bag with ISMF and Company Logo	US \$ 1,500
☐ Broadcast Email to Attendees	US \$ 1,000
☐ Surgical Demo Emailed to Attendees	US \$ 2,000

TOTAL \$

METHOD OF PAYMENT FOR EDUCATIONAL GRANT & SURGICAL DEMOS

EMAIL THIS FORM TO OFFICE@SMF-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.