



Sponsor and Exhibitor Contract and Registration



Oregon and Washington
American College of Surgeons Annual Meeting
Sunriver Resort, Sunriver, Oregon, June 11-13, 2020

Sponsor/Exhibitor Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Person _____ Title _____ E-mail _____

Meeting Representatives: 1) _____ 2) _____

Product or service that will be displayed _____

Please indicate the name of any company or products you do not wish to be adjacent to _____

Sponsorship/Exhibit Opportunities

Metal sponsorships (with exhibit booth)

- Gold \$5,000 (exhibit table, 4 attendees, sponsorship of President's Reception or Awards banquet
- Silver \$3,000 (Exhibit table, 3 attendees, plus sponsorship of 2 breaks or Breakfast or Lunch
- Bronze \$1,750 (Exhibit table only, 2 attendees)
- Additional exhibitor attendee \$150 (if more than 2 attendees)

Meal/break sponsorships (no exhibit booth, subject to availability)

- Family Barbecue \$2,000 (Thursday, 100 attendees)
- President's Reception \$2,000 (Friday, 50 attendees)
- Awards Banquet \$2,000 (Saturday, 75 attendees)
- Break \$500 ___ Friday ___ Saturday
- Breakfast \$1,000 ___ Friday ___ Saturday (100 attendees)
- Lunch \$1,000 ___ Friday ___ Saturday (100 attendees)

Questions?

Harvey Gail, MBA
Chapter Administrator
503-371-7457
harvey@spiremanagement.com

Other:

- Unrestricted Educational Grant (Description: _____ Amount \$ _____)
- Equipment Loan (Description: _____ Approximate value \$ _____)

Payment

1. Invoice me at the above address 2. Sending check 3. Bill my Visa/MC Amex
CC# _____ Exp _____ Sec Code _____

Name on card _____

Address _____ City _____ State _____ Zip _____

Send signed original and payment to: **Oregon Chapter, American College of Surgeons**
3340 Commercial St SE, Suite 220
Salem, OR 97302.
Scan/email: Harvey@spiremanagement.com
FAX: 503-585-8547



Sponsor and Exhibitor Terms and Conditions



Oregon and Washington American College of Surgeons Annual Meeting Sunriver Resort, Sunriver, Oregon, June 11-13, 2020

1. Exhibit fee (\$1,750) includes 1 **exhibit space of 7' x 8'; one 6' draped table; 2 chairs and 2 registrations**. Breaks and breakfast will be held in the exhibit area. Attendees will have access to the exhibit area during meeting hours. Breaks dedicated to enhance booth attendance are held several times a day and are at least 15 minutes. A schedule will be published. Teardown of your booth will occur after the final exhibit session. Booth fees include registration for 2 company representatives. For additional representatives (more than 2) or if you want to present a different product line contact the Oregon Chapter Administrator. Exhibit booths include two registrations for attendees. Attendees receive a "booth bingo card" and are eligible for a prize if all booths are marked off.
2. The audience for the event is surgeons who are Fellows of the American College of Surgeons from Oregon and Washington. Attendance is about **100 people, plus about 30 residents** who are presenting their abstracts.
3. Additional exhibitor attendees (beyond sponsor level) are \$150 each. This includes all breaks and meals.
4. Event sponsorships (breaks, reception, banquet, etc) include signage at event, acknowledgement on program and verbal recognition at podium.
5. The Oregon Chapter of the American College of Surgeons (OR-ACS) reserves the right to refuse exhibit privileges to any company. Exhibitors are requested not to hold receptions that conflict with any events sponsored by OR-ACS.
6. All exhibit spaces and/or sponsorships must be prepaid in full prior to the conference.
7. Loans of equipment are required to meet ACS policies and will require disclosure agreements.
8. Each party agrees to be responsible for any claims arising out of its own negligence or that of its employees or agents and to be responsible for its own property through insurance or self-insurance and shall hold harmless each of the other parties for any and all damage caused by injury, theft, loss or damage and those perils normally covered by fire and extended coverage policies.

In submitting this application, We/I agree to abide by all the "Terms and Conditions." You are hereby authorized to reserve space for our company in the exhibit area as indicated on this application for the Oregon and Washington ACS Annual Meeting.

Authorized Signature _____ Title _____
 Phone _____ E-mail _____
 Date: _____

For More Information

Harvey Gail, MBA
 ACS Oregon Chapter Administrator
 503-371-7457 / harvey@spiremanagement.com.
 Also visit www.oregonchapteracs.org for conference info.
 Federal Tax ID, Oregon Chapter ACS: 93-6090977