

# Sponsorship and Exhibit Space Request Form

**Saturday, May 19, 2018**  
**Albany Marriott Hotel**  
**189 Wolf Road**  
**Albany, NY 12205**

# Spring To Life

**Conference on Hematologic Malignancies™**

## EXHIBIT INFORMATION

The conference is being held on May 19, 2018. Please have your materials set up in the designated areas by 7:00 am. The space assignments will be clearly marked with a tent card with your company's name on it. Your exhibit space can be either a tabletop for a 6-foot table or you may place a freestanding exhibit on the equivalent floor space. Two chairs will also be available. Please do not leave any valuables unattended (e.g., computers).

### Exhibit Schedule: May 19, 2018

7:00AM	<b>Set-Up</b>
7:30AM – 8:00AM	<b>Registration, Breakfast, and Exhibits</b>
9:45AM – 10:05AM	<b>Break, Snack, and Exhibits</b>
11:00AM	<b>Breakdown</b>

If you need to mail or deliver boxes, parcels, or equipment to the Albany Marriott, please use the following address:

Albany Marriott Hotel  
Hold for Guest:  
c/o Spring to Life  
[Insert Your Company Name]:  
189 Wolf Road, Albany, NY 12205  
Ph: 518-458-8444

Please do not hesitate to call our staff if you have any questions.

Phone Number: 1-866-599-7299  
Email: [exhibits@mededconsulting.com](mailto:exhibits@mededconsulting.com)

## HOTEL BOOKING INSTRUCTIONS

Albany Marriott Hotel  
189 Wolf Road  
Albany, NY 12205  
Ph: 518-458-8444

Overnight accommodations at the Albany Marriott Hotel are offered at a special rate of \$159/night. Hotel rooms are blocked for the night of May 18, 2018 only. The hotel will extend the negotiated rate to the nights before and after the conference based upon availability.

To book online, go to <http://spring2lifeheme.org>, and click on the Hotel Booking Instructions link.

You may also call the hotel directly to make your reservation at 518-458-8444 and mention Group Code: **Med Ed**

Reservations must be made by April 27, 2018 to receive the special rate.

Event staff will be glad to assist you with any special needs (physical, dietary, etc.).

If you have any questions: please call 866-599-7299 or email [exhibits@mededconsulting.com](mailto:exhibits@mededconsulting.com)

*Host*

**NYO H** New York  
Oncology  
Hematology

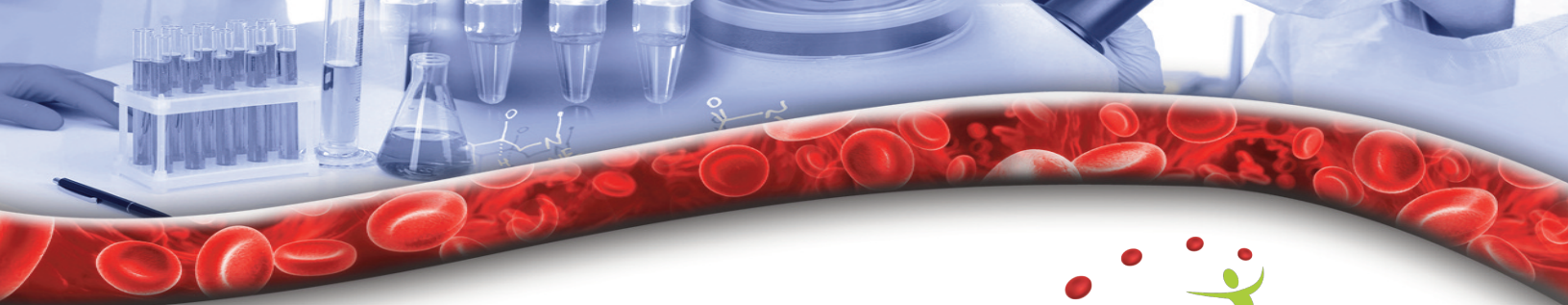
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Center for Emergency Medical Education



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Conference on Hematologic Malignancies™

## SPONSORSHIP LEVELS\*

- Gold = \$5,000**  
Includes an opportunity to provide a registration bag insert, and (2) 6-foot tabletop displays or the equivalent floor space.
- Silver = \$3,750**  
Includes a bag insert and (1) 6-foot tabletop display or the equivalent floor space.
- Bronze = \$2,500**  
Includes (1) 6-foot tabletop display.

\* All sponsorship levels include acknowledgment in program materials and on program website.  
Exhibit space is provided on a first-come, first-served basis and includes admission to the conference.

**Make checks payable to: MedEd Consulting**  
**Mail payment to: 518 S. Route 31 #398, McHenry, IL 60050**  
**TAX ID: 27-5404779**

**PAYMENT MUST BE RECEIVED  
BY MAY 7, 2018**

*If a letter of request and/or W9 is needed, please contact us and we will provide you with the additional documentation you need.*

**Phone Number: 1-866-599-7299**  
**Email: exhibits@mededconsulting.com**

## SPONSORSHIP APPLICATION

**Exhibit spaces are limited.  
Please complete this form and return it  
no later than May 1, 2018.**

Exhibit space will consist of 1 or 2 draped 6-foot table(s), each with 2 chairs, or, if preferred, the same size area will be available to accommodate freestanding exhibits. Up to 2 representatives will be allowed to attend the conference.

Company Name: \_\_\_\_\_

(Company name as it should appear on acknowledgment)

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- Space Type:**  6-ft Draped Table(s) for Tabletop Display  
 Open Space for Freestanding Exhibit  
 1 Table and 1 Open Space (for Gold Sponsors only)

**Will you require a standard electrical outlet?**  Yes  No

### Representatives who will be attending:

1) Representative 1

Name: \_\_\_\_\_

Company/Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

2) Representative 2

Name: \_\_\_\_\_

Company/Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

**This form can be mailed, faxed, or emailed to:**

**MedEd Consulting**  
**Mail:** 518 S. Route 31 #398, McHenry, IL 60050  
**Fax:** 815-516-0235  
**Email:** exhibits@mededconsulting.com