SPONSORSHIP AND EXHIBIT REQUEST FORM



heart course November 6-9, 2017 Mandarin Oriental Hotel

Cardiovascular and Neurovascular Care for the Frontline Provider

Las Vegas, NV

The Heart Course participants include physicians, nurses, nurse practitioners, physician assistants, and advanced practice professionals that provide care to patients with acute cardiovascular and neurovascular problems. Estimated attendance for 2017 is 150-175 participants.

SPONSORSHIP AND EXHIBIT INFORMATION

The general session is scheduled November 7-8, 2017. You may also display your exhibits at the optional precourse and post-course workshops on November 6th and 9th. Please refer to the Exhibit Schedule for setup times. The space assignments will be clearly marked with a tent card with your company's name on it.

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

Mandarin Oriental Hotel

Attention: <First Name> <Last Name>. Hotel quest arriving < MM/DD/YY>

Meeting: *The Heart Course* 3752 Las Vegas Boulevard South Las Vegas, NV 89158

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.

HOTEL BOOKING INSTRUCTIONS

Take advantage of the negotiated rates being offered to The Heart Course participants at the Mandarin Oriental Hotel in Las Vegas, NV.

Room Rate = \$239 per night plus tax and resort fee **BOOK ONLINE:**

https://tinyurl.com/HeartCourseHotel2017

OR RESERVE ROOM BY PHONE AT: 702-590-8881

Mention Group Code: 1T16W5

EXHIBIT SCHEDULE

Go to *theheartcourse.com* to view the current detailed course agenda.

Monday, November 6, 2017

Optional Pre-Course Workshops

11:00am – 11:30am	Exhibit Set-Up	
11:30am – 12:30pm	Workshop Registration and Exhibits	
1:45pm - 2:00pm	Break and Exhibits	
3:30pm – 4:30pm	Registration, Break and Exhibits	
5:45pm - 6:00pm	Break and Exhibits	

Tuesday, November 7, 2017

General Session Day 1

6:45am – 7:00am	Exhibit Set-Up	
7:00am – 8:00am	Registration, Breakfast, and Exhibits	
10:45am – 11:00am	Break and Exhibits	
12:10pm - 1:25pm	Lunch Break and Exhibits	
3:15pm - 3:30pm	Break and Exhibits	

Wednesday, November 8, 2017

General Session Day 2

6:45am – 7:00am	Exhibit Set-Up	
7:00am – 8:00am	Registration, Breakfast, and Exhibits	
10:10am - 10:25am	Break and Exhibits	
12:10pm – 1:15pm	Lunch Break and Exhibits	
2:45pm - 3:00pm	Break and Exhibits	

Thursday, November 9, 2017

Optional Post-Course Workshops

6:45am - 7:00am	Exhibit Set-Up	
7:00am – 8:00am	Registration, Breakfast and Exhibits	
11:15am – 11:25am	Break and Exhibits	
12:15pm – 1:00pm	Break and Exhibits	
3:00pm – 3:10pm	Break and Exhibits	

The booking deadline is October 6, 2017, however it is suggested that our participants book early as the hotel typically is sold out months in advance.

^{*} All sponsorship levels include acknowledgment in program materials and on program website.

EXHIBIT REQUEST FORM



Make checks payable to: MedEd Consulting

Mail payment to:

PO Box 788, Spring Grove, IL 60081 TAX ID: 27-5404779

PAYMENT MUST BE RECEIVED **BY OCTOBER 27, 2017**

To obtain a letter of request and/or W-9, please send your request via email to exhibits@mededconsulting.com or dial 866-599-7299 option 1 and leave a message.

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

EMAIL:

Includes (1) 6-foot tabletop display.

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

SPONSORSHIP APPLICATION

Exhibit spaces are limited. Please complete this form and return it no later than October 2, 2017

PLEASE LIST COMPA	NY NAME <u>EXACTLY</u> AS IT SHOULD APPEAR ON PROGRAM MATE	RIALS TO ACKNOWLEDGE SUPPORT.
COMPANY NAME:		
CONTACT:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
Will you require a	6-Ft Draped Table(s) for Tabletop Display Open Space for Freestanding Exhibit 1 Table and 1 Open Space (for Gold Sponsors only) standard electrical outlet? Yes No who will be attending:	Exhibit space will consist of 6-foot table(s), each with a preferred, the same size at to accommodate freestand. Up to 2 representatives will attend the conference.
COMPANY/TITLE:	STATE:	THIS FORM CAN FAXED, OR EM
EMAIL: 2) REPRESENTAT NAME:		MedEd Consulting Mail: PO Box 788 Spring Grove, I
COMPANY/TITLE:		Fax: 815-516-023
CITY	STATE.	Email: avhihite@mail

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.

THIS FORM CAN BE MAILED, **FAXED, OR EMAILED TO:**

Spring Grove, IL 60081

Email: exhibits@mededconsulting.com