

ABS Annual Meeting June 13-15, 2019

InterContinental Miami | Miami, FL EXHIBIT & SPONSORSHIP FORM



COMPANY NAME (AS IT WILL APPEAR IN ALL ABS PUBLICATIONS) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME & TITLE _____

EMAIL _____ PHONE _____ FAX _____

EXHIBITS:

[CLICK HERE](#) to View Exhibit Details.

Tabletop (6') _____ X **\$2,750** (each)* \$ _____

In-Line (10' x 10') _____ X **\$5,250** (each)* \$ _____

*Tabletop and In-Line booths include registration for **two** representatives per exhibit. Space is reserved once the application and payment are received.

Please list the **NAMES** of **TWO** representatives below:

1. _____
2. _____

ADDITIONAL EXHIBITOR REPRESENTATIVES:

Add **\$250** registration fee for **each** additional representative and list each below (ABS will also invoice post-meeting given the number of final staffing changes before the meeting).

Number of **ADDITIONAL** representatives:
 _____ X **\$250** (each) \$ _____

Please list the **NAMES** of **ADDITIONAL** representatives below:

1. _____ 2. _____
3. _____ 4. _____

EXHIBIT LOCATION PREFERENCES:

[CLICK HERE](#) to View the Floor Plan.

Please enter your choices from the floor plan:

1ST _____ 2ND _____ 3RD _____

SPONSORSHIP OPPORTUNITIES:

[CLICK HERE](#) to View Sponsorship Details.

Morning Symposium: \$12,000 \$ _____

Afternoon Symposium: \$18,000 \$ _____

Exhibit Hall Break: \$5,000 \$ _____

Mobile Device Quick Charging Lounge: \$3,000 \$ _____

Onsite Push Notification: \$300 \$ _____

(Available to ALL Levels.) Reach out to attendees DURING the event. Push Notifications allow you to instantly send a message to attendees who have downloaded the app. Use push notifications to promote a special event onsite. **This includes ONE push notification a day for THREE days.**

DIGITAL BRANDING OPTIONS:

[CLICK HERE](#) to View the Digital Branding Option Details.

Digital Canvas: \$3,000/Day \$ _____

Marquee Display: \$2,800/Day \$ _____

Main Registration Desk Video Wall: \$3,000/Day \$ _____

Seven (7) Lobby Art Walls: \$5,000/Day \$ _____

Elevator Lobby Video Wall: \$3,000/Day \$ _____

Mezzanine Video Wall: \$2,800/Day \$ _____

Digital Canvas Lighting Options: \$1,800/Day \$ _____

TOTAL PAYMENT DUE * \$ _____
 (TO BE PAID OR CHARGED)

*TO INCLUDE: Exhibit Space, Additional Representatives, & Sponsorship Comments

▶ DEADLINE DATE: MARCH 15, 2019 ◀

SUBMIT COMPLETED FORM VIA MAIL OR FAX TO:

MAIL

American Brachytherapy Society
 11130 Sunrise Valley Drive | Suite 350
 Reston, VA 20191

FAX

703.435.4390 (credit card payments only)

PAYMENT INFORMATION:

CHECK (Enclosed—Made Payable to ABS) **CREDIT CARD:** MasterCard VISA AmEx

CREDIT CARD NUMBER _____ EXP DATE _____ CVV _____

AUTHORIZED CARDHOLDER'S SIGNATURE _____

SUBMITTED BY _____ DATE _____