

EXHIBIT APPLICATION

My company would like to **exhibit** at the 2010 BMT Tandem Meetings.
Space is limited and available on a first-come, first-served basis. Please fax or email this form as soon as possible to reserve your exhibit space. Additional information on exhibiting will be provided upon confirmation.

- | | | |
|---|--|--|
| <input type="checkbox"/> 4 day 10 x 10 - \$5,000
<input type="checkbox"/> Non-Profit (25%) - \$1,250
<input type="checkbox"/> Publishing Co (50%) - \$2,500 | <input type="checkbox"/> 4 day 10 x 20 - \$9,000
<input type="checkbox"/> Non-Profit (25%) - \$2,250
<input type="checkbox"/> Publishing Co (50%) - \$4,500 | <input type="checkbox"/> 4 day 10 x 30 - \$14,000
<input type="checkbox"/> Non-Profit (25%) - \$3,500
<input type="checkbox"/> Publishing Co (50%) - \$7,000 |
| <input type="checkbox"/> 4 day corner 10 x 10 - \$6,000
<input type="checkbox"/> Non-Profit <i>corner</i> (25%) - \$1,500
<input type="checkbox"/> Publishing Co (50%) - \$3,000 | <input type="checkbox"/> 4 day corner 10 x 20 - \$10,000
<input type="checkbox"/> Non-Profit <i>corner</i> (25%) - \$2,500
<input type="checkbox"/> Publishing Co (50%) - \$5,000 | <input type="checkbox"/> 4 day corner 10 x 30 - \$15,000
<input type="checkbox"/> Non-Profit <i>corner</i> (25%) - \$3,750
<input type="checkbox"/> Publishing Co (50%) - \$7,500 |

Top three choices for exhibit location: (1) _____, (2) _____, (3) _____

If possible, not near the following company's exhibits: _____

We prefer to exhibit near the Peripheral (RN, PharmD, DM/CRP) Conferences

COMMERCIAL SUPPORT PREFERENCES

My company would like to **support** the 2010 BMT Tandem Meetings with an educational and/or promotional marketing grant (A letter of agreement may be required).

- Platinum (\$200,000) Gold (\$100,000) Silver (\$50,000) Bronze (\$10,000)

Marketing/Promotional Support

My company would like to **support** the 2010 BMT Tandem Meetings with a Marketing / Promotional grant (A letter of agreement may be required).

- Support of _____ in the amount of \$ _____
- Support of _____ in the amount of \$ _____
- Support of _____ in the amount of \$ _____
- Support of _____ in the amount of \$ _____
- Support of _____ in the amount of \$ _____
- Support of _____ in the amount of \$ _____

COMPANY INFORMATION

Company name and address as it should appear in the Program Guide

Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

Contact E-mail: _____

