



EXHIBITOR PROSPECTUS

C3 LIMB SALVAGE & ADVANCED WOUND CARE

C3 invites you to exhibit at C3 Limb Salvage & Advanced Wound Care: Team Approach to be held Saturday, September 26, 2020 at the Hershey Lodge in Hershey, Pennsylvania. Exhibit space and sponsorships are available on a first-come, first-served basis.

The C3 Limb Salvage & Advanced Wound Care program is a live activity accredited for CME and CPME. Continuing medical education will remain separate from exhibits and promotional presentations. Arrangements for commercial exhibits may not influence planning or interfere with presentations. Exhibits are not a condition of the provision of any commercial support provided for C3.

Exhibit Hours

Exhibit tables must be fully operational and staffed in accordance with the published dedicated exhibit hours.

- Saturday, September 26** • 7:00 am – 8:00 am • Exhibitor Set-up
- Saturday, September 26** • 8:00 am – 2:00pm • Exhibits Open
- Saturday, September 26** • 2:00 pm – 3:00 pm • Exhibitor Dismantle

Each exhibitor is responsible for set-up and dismantling its display.

Exhibit Space Rental.....\$5,000

- One 6' x 30" draped table, one chair, ID sign and wastebasket
- Complimentary registration for one company representative
- Company name and description as an official exhibiting company within C3 Limb Salvage & Advanced Wound Care Program of Events
- Exhibiting company recognition in one eblast to C3 list of 15,000 professionals

SPONSORSHIP OPPORTUNITIES

Lunch Sponsor.....\$25,000 (limit one)

Benefits:

- Sponsor Logo and Recognition at Meet the Speakers Luncheon
- Sponsor Name Recognition on event e-blasts and social media promotions
- Sponsor Logo Recognition on C3 Limb Salvage event webpage
- (1) 6' display table at the C3 Welcome Center for (1) company representative to meet attendees and provide its logo'd giveaways (hand sanitizer, logo'd face mask, pen)
- Sponsor Logo Recognition on Welcome Center Signage at the Hershey Lodge

Breakfast Sponsor.....\$15,000 (limit one)

Benefits:

- Sponsor Logo Recognition at Continental Breakfast
- Sponsor Name Recognition on event e-blasts and social media promotions
- (1) 6' Display Table at the C3 Welcome Center for (1) company representative to meet attendees and provide its logo'd giveaways
- Sponsor Logo on Welcome Center Signage at the Hershey Lodge

Deadlines

The earlier you confirm, the greater your marketing exposure. Due to promotional and production schedules, the following deadlines apply:

- Monday, September 7** • Hotel Reservation
- Wednesday, September 9** • Application for Booth Space / Sponsorships
- Monday, September 14** • Space Assignment
- Thursday, September 24** • First Day Shipment May Be Received By Hotel
- Saturday, September 26** • Move-In Completed 8:00 am
- Saturday, September 26** • Move-Out Completed 3:00 pm

Each C3 Exhibitor / Sponsor Agrees To The Following:

- Shipping, setup, electricity, internet and tear-down are the responsibility of the exhibitor / sponsor.
- Acceptance of sponsorship shall have no impact on educational components of C3.
- Tracking/reporting for CMS Open Payments/Sunshine Act related to sponsorship is the responsibility of sponsor.
- C3 is an educational scientific program. Sponsor agrees to maintain professional atmosphere and reflect program objectives.

Payment Information

Make checks payable to: Interventional Academy Attn: C3 2020 Limb Salvage & Wound Care Program
Mailing address: Interventional Academy, PO Box 61708, Harrisburg, PA 17106

Contact Information

Mia Short, CMP
Senior Director of Education & Planning
mia@interventionalacademy.com

C3 | Interventional Academy
www.interventionalacademy.com



APPLICATION AND CONTRACT FOR EXHIBIT SPACE / SPONSORSHIP C3 LIMB SALVAGE & ADVANCED WOUND CARE

RETURN APPLICATION WITH PAYMENT TO:

Interventional Academy, LLC
P.O. Box 61708, Harrisburg, PA 17106

The undersigned, hereafter called the Exhibitor / Sponsor, hereby applies for space in the C3 Limb Salvage & Advanced Wound Care scheduled to be held at the Hershey Lodge, Hershey, Pennsylvania on September 26, 2020. The Exhibitor understands this becomes a valid contract when accompanied by the space fee and THE INTERVENTIONAL ACADEMY'S return of the signed acceptance copy of the contract. The Exhibitor understands that assigned space will be charged at the rates shown below. The Exhibitor hereby acknowledges receipt of and agrees to abide by the EXHIBITOR RULES AND REGULATIONS as printed separately in the 2020 Exhibitor's Prospectus which are made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the Hershey Lodge is leased to THE INTERVENTIONAL ACADEMY, LLC.

EXHIBIT / SPONSOR RATES

___ Lunch Sponsor - \$25,000
___ Breakfast Sponsor - \$15,000
___ Exhibit Space - \$5,000

PAYMENT SCHEDULE/REFUND POLICY

Payment Schedule if space is contracted:

Prior to September 9: 50%
On or after September 9: Full Payment

Refunds: If all or a portion of space is canceled:

Prior to September 9: 50% Deposit Required
Prior to September 9: 100% refund less \$100 processing fee
After September 9: No Refund

CONTRACT MUST BE COMPLETE AND SIGNED IN ORDER TO BE PROCESSED.

1. Email all Exhibition information to (specify contact name): _____
Exhibiting Company Name: _____
Street Address: _____
City/State/Postal Code/Country: _____
Telephone: (_____) _____ Ext. _____ Fax Number: (_____) _____
E-mail Address _____

2. Authorized Signature: _____ Date: _____
Print Name and Title: _____

3. Publication Information (company information as it will appear in publications and badge registration)
Company Name: _____
Address: _____
City/State/Postal/Country: _____
Telephone: _____
Website: _____

4. List any special circumstances you wish to have considered when space is assigned : _____

5. Exhibitor requires the following services: Internet Dock Access AV Electricity

6. Exhibitor's company is best categorized as follows: Medical Equipment/Device Pharmaceutical Company Resources/Services

7. Provide a brief description of products to be displayed (no more than 25 words): _____

8. Payment: Check VISA/MasterCard/American Express Amount Enclosed or to be charged: _____
Card Number _____ Exp. Date: _____
Cardholder Signature: _____ Print Cardholder Name: _____

FOR INTERVENTIONAL ACADEMY USE ONLY

EXHIBIT ASSIGNED _____ Exhibit Cost: \$ _____ Sponsor Cost: \$ _____
Total Cost: \$ _____ Received: \$ _____ Balance: \$ _____
Date _____ Check No. _____ Co. No. _____ Contact: _____

Mia Short, Senior Director, Planning & Education
Accepted for Interventional Academy, LLC
(FEIN 81-4982318)

Date Contracted Accepted

