



## SPONSOR AND EXHIBITOR REGISTRATION FORMS

### SPONSORSHIP OPPORTUNITIES (includes 10x10 exhibitor package) - Please check:

- Tote Bags PREMIER Sponsor \$8,000
- Tote Bags Co-Sponsor \$4,000
- Opening Cont. Breakfast/General Session Sponsor \$12,500
- Wednesday Formal Lunch Sponsor \$15,000
- Grand Opening Kick-Off Reception PREMIER Sponsor\* \$20,000  
\*includes 20x20 booth
- Grand Opening Kick-Off Reception Co-Sponsor \$10,000
- Wednesday Continental Breakfast Sponsor \$10,000
- Thursday Expo Lunch Sponsor \$12,500
- Thursday Expo Breakfast Sponsor \$8,000
- Refreshment Break Sponsor \$5,000

**N/A Notepads Sponsor – SOLD**

- Badge Lanyards Sponsor \$4,000
- Pens Sponsor \$3,500
- E-mail Kiosks Sponsor \$7,500

**N/A Conference Binder Sponsor - SOLD**

### EXHIBITOR OPPORTUNITIES - Please check one:

EXHIBITOR COSTS	Government	Small Business (<100 employees)	Industry
10x10 space	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$2,495
20x20 space	<input type="checkbox"/> \$2,695	<input type="checkbox"/> \$2,695	<input type="checkbox"/> \$4,250

TOTAL COST: \$ \_\_\_\_\_

*Please Register your Exhibitor Point-of-Contact*

<b>EXHIBITOR FORM - The 2005 Defense Medical &amp; Procurement Conference, June 1-2, 2005, Washington Convention Center</b>	
<b>Booth Location Preference:</b> (see floor plan layout)	
<b>Company:</b>	
<b>Booth Sign:</b> (please indicate how you would like your booth sign to read, using 20 characters or less)	
<b>Contact Name and Title:</b>	
<b>Address:</b>	
<b>City, State, and Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	

1. Conference Exhibitor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. 2nd Exhibitor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

<b>Method of Payment:</b> <input type="checkbox"/> Company Check ( <i>payable to Market*Access International</i> ) <input type="checkbox"/> Credit Card	
<b>Type of Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<b>Card Number:</b> _____	<b>Exp. Date:</b> _____
<b>Name Printed on Card:</b> _____	

To hold your reservation, please fax this form to (703) 807-2728 and then mail your payment to:  
**Market\*Access International, 4301 Wilson Blvd., Suite 1003, Arlington, VA 22203**

Please note: Space is assigned on a first-served basis. A confirmation and booth number will be sent to your contact person.

**PAYMENT AND CANCELLATION POLICY**

Payment is due to Market\*Access International upon execution of this agreement. Due to the nature of sponsorships/exhibits and the benefits received, no cancellations are accepted, no refunds will be provided and full payment is required.

**NOTE: Please fulfill the exhibitor/sponsor requirements as posted on the conference website.**