The 2020 Arkansas Medical Society Annual Meeting of Members at the Doubletree Hotel in Little Rock will provide your company with a unique opportunity to market to an influential group of Arkansas physicians. The purpose of the exhibits is to inform attendees of current and improving technologies, products, equipment, and services in the medical field. Companies can register online with a credit card at www.ArkMed.org or complete the enclosed form.

Partners in Medicine

“Partners in Medicine” can provide corporate contributions, educational grants or co-host one of the opportunities listed below. Multiple commercial support will be accepted for the following opportunities:

**Gold Contributor**

$10,000
Includes: signage, tabletop booth, two-night stay at the meeting hotel, two rotating banner slots on AMS website for one year, Gold level recognition on the AMS website and in the Society’s newsletter and journal, six tickets for the Gala and and introduction of representatives at the event.

**Silver Contributor**

$5,000
Includes: signage, tabletop booth, one-night stay at the meeting hotel, one rotating banner slot on AMS website for one year, Silver level recognition on the AMS website and in the Society’s newsletter and journal, four tickets for the Gala and introduction of representatives at the event.

**Bronze Contributor**

$3,000
Includes: signage, tabletop booth, Bronze level recognition on the AMS website and in the Society’s newsletter and journal, two tickets for the Gala and introduction of representatives at the event.

Additional Opportunities (Multiple commercial support will be accepted for the following opportunities)

- Parking Sponsor $1,500
- Gala Contributor $1,000
- Breakfast with Exhibitors $1,000
- Break with Exhibitors (2) $800
- 50 Year Club Luncheon $750
- Welcome Banner $500
- Unrestricted Educational Grant $500

2020 Exhibitor Information

There will be a limited number of tabletop booths located in the hallway between the meeting rooms. The booths are reserved on a first-come, first-serve basis. Each tabletop booth will include a six-foot table with a tablecloth and two chairs. Electricity is included and must be arranged in advance through the Doubletree Hotel.

Exhibit Fee: $1,100 per tabletop booth
Exhibit Set-up: Friday, May 1, 2020 7:00 a.m. to 8:00 a.m.
Exhibit Hours: Friday, May 1, 2020 8:00 a.m. - 3:00 p.m.
Company Name

Contact Person

Address

City/State/Zip

Phone

Fax

Email

Representative(s) Attending (enter all names here)

Representative(s) Email(s)

Type of Business / Primary Products Sold

**Exhibit Fee:**

**Booth Exhibit Fee:** $1,100

**Refund Policy:**

Any exhibitor desiring to cancel exhibit space shall send written notification to the AMS office. In order to receive a full refund, notification must be received by April 2, 2020. Cancellations made between April 3 and April 17 will be refunded at one-half amount. **No refunds will be made after April 17.**

**Commercial Support:**

Multiple commercial support will be accepted for the following opportunities (please circle):

- Gold Contributor (includes tabletop exhibit) $10,000
- Silver Contributor (includes tabletop exhibit) $5,000
- Bronze Contributor (includes tabletop exhibit) $3,000
- Parking Contributor $1,500
- Gala Contributor $1,000
- Breakfast with Exhibitors $1,000
- Break with Exhibitors (2) $800
- 50-Year Club Luncheon Contributor $750
- Welcome Banner $500
- Unrestricted Educational Grant $500

**Questions?**

Please contact Laura Hawkins (hawkins@arkmed.org) or Kay Waldo (kwaldo@arkmed.org) at the Society office or call 501-224-8967 or 800-542-1058 (in Arkansas).

**Form of Payment:**

If you are paying by credit card, you may fax the form to 501-224-6489 or register online at www.ArkMed.org; click on the News & Events tab and then the AMS Meetings tab.

_____ Check (payable to Arkansas Medical Society, PO Box 55088, Little Rock AR 72215-5088)

Credit Card Payment: _____ VISA _____ MasterCard _____ Discover _____ American Express

Card Number: ___________________________________________ Expires: ____________

Name on Card: ___________________________________________ CVV Code: ________

Billing Address: __________________________________________

City/State/Zip: __________________________________________

Cardholder’s Email Address (for credit card receipt): __________________________________________

Signature: ____________________________________________

**Agreement to Conditions**

Each exhibitor agrees to abide by these rules and further agrees that the sole control of the exhibit hall rests with the Society. The Society will not be responsible for any injury to any exhibitor or for loss of property of any exhibitor by fire, theft, damage or other causes whatsoever.