

Company Name: Contact Name:

Email: Web Address:

Address: Phone:

City: State: Zip: Country:

Have you exhibited with us before? Yes No

10x10 Booth - In-Line	\$4,595
10x10 Booth - Corner	\$4,895
10x10 Premier Package*	\$9,595
10x20 Booth	\$8,895
10x20 Premier Package*	\$13,895
20x20 Island Booth	\$20,000
20x30 Island Booth	\$30,000

***Premier Packages Include:**

- Full Page Ad in Anti-Aging Medical News
- Literature Insert
- Lead Retrieval System
- Two Conference Registrations
- Directory Listing

Total Amount Due:

LAS VEGAS BOOTH SELECTIONS
Top two Choices: 1. _____ 2. _____

What do you plan to exhibit?

Companies you prefer not to be placed next to:

Marketing Options

INCREASED EXPOSURE OPPORTUNITIES

Car Giveaway	\$1,795
Conference Pen	\$3,500
Conference Notepad	\$7,000
Conference Notebook	\$15,000
Conference Mobile App Sponsor	\$10,000
Door Drops	\$25,000
Coffee with Exhibitors	\$10,000
Hotel Keycards	\$25,000
Conference Tote Bag Sponsor	\$20,000
Conference Lanyards	\$25,000
Wi-Fi Sponsor	\$15,000
Exhibit Hall Entrance Logo Rug	\$2,000
Content Activation - (1,000 clicks)	\$10,000
Event Targeting - (100,000 impressions)	\$10,000

ADVERTISING OPPORTUNITIES

Mobile App Push Notification	\$2,000
Conference Bag Insert	\$2,999
Ad In Conference Magazine Full Page	\$3,800
Ad In Conference Magazine Half Page:	\$2,300
12 Month Virtual Exhibit Hall Listing on A4M.com	\$1,999
12 Month Product Directory Listing on A4M.com	\$799

EDUCATIONAL ENGAGEMENT OPPORTUNITIES

Product Theater	\$9,000
Breakfast / Lunch Presentation	Inquire Further
Sponsored Evening Workshop	Inquire Further
Lead Retrieval	\$350 (After Nov. 27, 2019, Cost \$450)
Hand-Held Scanner	Mobile App (3 Users)

By signing this application, Exhibitor attests that they have received, reviewed and consented to the attached Exhibitor Terms and Conditions. MCI OPCO, LLC reserves the right to inspect or refuse any marketing materials listed above.

Signature: _____ Date: _____



REDEFINING MEDICINE®

Payment Authorization Form

Company Name: _____

Payment Information

Card Type:



Cardholder Name:
(as shown on card)

Cardholder Number:

Expiration Date:
(mm/yy)

CVV:

Total Amount To Be Charged: _____

I, _____, authorize MCI OPCO, LLC to charge my credit card the amount of \$ _____ for the agreed upon purchases.

Payment Method:



Check

If you are paying by check please mail your checks to MCI OPCO, LLC. 1801 N. Military Trail, Suite 200, Boca Raton, FL 33431



Wire Transfer

(Please Call 561.997.0112 ext. 7520 for details)

Customer Signature _____

Date _____