

Rosen Shingle Creek Hotel Orlando, FL October 20 – 23, 2019

ACoP10 Exhibit Information & Application Form

Exhibits will be set up in the Sebastian K/L Ballroom with the Poster Sessions.

Exhibit Space \$4,000.00 per 10 x 10 space

Exhibit Package Includes:



Each 10' x 10' booth will be set with 8' high black back drape & 3' high black side drape 7" x 44" one-line booth identification sign

- 1 draped table & 2 chairs
- Listing in the conference program and conference app
- Recognized at the Opening General Session
- Welcome Reception, Breakfast, Lunch and Breaks for attendees and exhibit personnel in the Exhibit/Poster Hall
- Posters sessions each day in the hall
- The opportunity to network and connect with industry's leaders
- One complimentary ACoP10 Conference Registration*

*Once payment is received a code will be forward to you to use for the free registration. All complimentary registrations need to be registered by July 1, 2019.

Please email, fax or mail application and payment to:

Barbara Mock
BJM Events
252 Sandhurst Ct.
Suwanee, GA 30024
bmock@bjmevents.com

Fax: 678-894-4025

Sponsorship Opportunities

Contributors can reach sponsorship levels by cumulative dollars spent to support ACoP10. Companies can select from the sponsorship packages or make a one-time donation. As an exhibitor a **value of \$1,000.00** will be counted towards your level of Sponsorship. (For example, if you are an exhibitor and make a Bronze level of sponsorship of \$4,000.00 you will be **recognized** as a Silver Sponsor in printed and web materials. Additional monetary sponsorship benefits for the next level will not apply, i.e. complimentary registrations, President reception tickets, etc.). If you are interested in Sponsoring, please contact Barbara Mock at bmock@bjmevents.com for a copy of the sponsorship package offerings.

ACoP10 Exhibit Application Form



Exhibit Contact info: Exhibit contact will receive exhibitor packet & space assignments. Company Name: Contact Name: _____ Address: _____ City:_____State:_____ Country: Postal Code: _____ Phone: Email: **Booth Selection: Booth Choice for Main Conference 1: _____ Choice 2: _____ Choice 3: _____ Booth number will be assigned upon receipt of application. We will do our best to accommodate your request. While all preferences will be considered, requests to be near (or distanced) from particular companies may hinder your requested placement as indicated above. List any companies you would like to be near: ______ List any companies you would like to be away from: **Exhibitor and Guest Badges - \$550.00** All booth personnel need to register as a guest if not attending the conference sessions. All guest needs to be registered by July 1, 2019. Exhibitors can register additional guests, please submit names on a separate sheet and include in final payment. Exhibitor/Guest Badges allow access to Exhibit/Poster Hall and all meal & social functions. Guest Name: ____ Guest Name: ____ Company Name: Company Name: All applications must be accompanied by payment in full. Exhibit request will not be confirmed until payment is received. Quantity **Unit Cost Exhibit Space** \$4,000.00 Guest Badge/s \$ 550.00 TOTAL Credit card authorization Card type: (Master Card, Visa, Amex, Discover) Credit Card number: Name on Credit Card:

Questions? Contact BJM Events - Email: bmock@bjmevents.com or Phone: 678-474-6414

Expiration date: _____Security code: _____

Signature of card holder:

