



2020 VIRTUAL SUMMIT • OCTOBER 15–20, 2020

EXHIBITOR REGISTRATION FORM

EXHIBITOR INFORMATION

Company Name: _____ Main Contact: _____
 Contact Email: _____ Phone: _____
 Address: _____ Fax: _____
 City, State, Zip: _____

FEES

Exhibitor Fee \$750 \$ _____

Includes:

- An advertisement on the Summit page (available to attendees during the Summit and 30 days following the Summit)
- 60-second commercial played during the Summit (posted to a resource page for attendees for 30 days following Summit)
- 2–5-minute live presentation during the Summit (part of a 30-minute vendor spotlight) to all attendees. This presentation will be recorded and available to attendees for 30 days following the Summit. A recording of the presentation will be made available to you for your use.

Sponsorship Opportunities \$1500 \$ _____

Includes:

- An advertisement on the Summit page (available to attendees during the Summit and 30 days following the Summit)
- 60-second commercial played during the Summit (posted to resource page for attendees for 30 days following Summit)
- 30-minute live, prime-time presentation to all attendees during the Summit (this presentation will be recorded and available to attendees for 30 days following the Summit. A recording of the presentation will be available to you for your use.)
- A post-Summit Webinar with Rem Jackson

TOTAL: \$ _____

Payment type: Card Type: Visa Mastercard American Express Discover

Card number: _____ Exp. Date: _____

Cardholder Name: _____

Billing address on card: _____

City, State, Zip _____