

**INEMI**

**MEPTEC**  
THE NEXT GENERATION

**SMTA**

# Medical Electronics Symposium 2018

May 16 & 17

University of Texas at Dallas

## Sponsorship and Exhibition Application

### SPONSORSHIPS

#### Level 1 Sponsorships (includes tabletop)- **Tabletop Sold out!**

The following levels include:

- Admission to the symposium (quantity depending on level, see below)
- A 6' foot exhibit table placed in a prominent location
- Slide with Company logo for show slide loop
- Attendee list (sent after the conference)
- Electronic conference Proceedings (sent after the conference)

**\$5,000 Platinum** Three conference passes

**\$3,500 Gold** Two conference passes

**\$2,000 Silver** One conference passes

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#### Level 2 Sponsorships (table not included)

The following levels include:

- Show slide loop with company logo
- Electronic copy of conference proceedings (sent after the conference)
- Recognition on signage, promotional materials including email, web promotions, printed program

**\$1,750 Lunch (two available)**

**\$1,500 Reception (one available)**

**\$750 Coffee Break (three available) 1 Left!**

~~**\$400 Lanyard (you provide one available)**~~ **SOLD!**

### ADVERTISING

Show Directory Advertising

**\$495 - Full Page B&W**

**\$295 - Half Page B&W**

## EXHIBIT BOOTH SPACE RESERVATION SOLD OUT!

### EXHIBIT BENEFITS:

1 Admission to Symposium	Attendee List
Conference Proceedings	Company Sign
6 ft. Draped Table with Chairs	Breakfast, Lunch & Breaks

### EXHIBIT PRICING:

- Member\*:** \$795 (\*iNEMI/MEPTEC/SMTA)
- Non-member:** \$895

#### Subtotal

<b>Sponsorship</b>	
<b>Exhibit Booth</b>	<b>SOLD OUT!</b>
<b>Show directory advertising</b>	
<b>Total check/credit card charges</b>	

### PAYMENT INFORMATION:

- I have enclosed a check made payable to the SMTA in the amount above.
- Bill my credit card:  Visa/Mastercard  American Express  I need an Invoice

**Please note all payments will be processed after January 2018**

Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_  
Security Code \_\_\_\_\_

Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address: (associated with card) \_\_\_\_\_

### CONTACT INFORMATION FOR PRE-SHOW INFORMATION:

Information provided below will be used for the Show Directory; please provide information **EXACTLY** how you would like it printed.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone E-mail URL

\_\_\_\_\_  
Show Contact (Please Print) Title

### TABLE PERSONNEL:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please return completed application form to: Jenny Ng, SMTA  
6600 City West Parkway Suite 300 Eden Prairie, MN 55344  
Tel (952) 920-7682 | Fax (952) 926-1819 | Email: jenny@smta.org