



Northeast Surgical Wound Care

13th Annual Cutting Edge Wound Care Symposium

Friday, November 4, 2016

Embassy Suites Hotel, Independence, Ohio

Join Us as an Exhibitor!

Booth Fee- \$500 * (fee includes 8x8 booth space, two chairs, one six foot skirted table, lunch and beverages for two representatives)

- **Exhibitors with large equipment not fitting your exhibit space will be charged an additional fee for additional space.** Please contact Theresa Avsec, Symposium chairperson, to discuss equipment issues. If not pre-approved we reserve the right to have the equipment removed.

List **Equipment** you wish to bring:

√ if **electricity** requested for exhibit space

List vendor(s) you wish to not be next to?

Donate a **door prize?** Y() N()

Exhibit Hours: 6:45am to 4:00pm. Set up to be determined.

Become a Sponsor!

Interested in being a sponsor? The sponsoring company will receive two complimentary admissions to the Symposium, lunch, and exhibit space. Your company will be listed in the Symposium brochure, program and on our website. Prominent signage will be displayed during your sponsored event.

Choose which event you would like to sponsor:

- Speaker Sponsorship:** Minimum \$2,500
(contact Kathie Shimoloens, 216-643-2780 x 120)
- Sponsor Breakfast-** minimum \$2,000
- Sponsor Lunch-** minimum \$2,000
- Sponsor Afternoon Break-** \$2,000
- Sponsor Beverages-** \$1,500

13th Annual Wound Care Symposium Exhibitor or Sponsor Reservation Form

Company Name: _____

Admin. Contact Name: _____

Booth Representatives : 1. _____

2. _____

Address: _____

City/State/Zip: _____

Contact Phone #: _____

Email: _____

Please reserve an exhibit space for our company

We will be a sponsor at the level indicated above

Enclosed is my check for: \$ _____

Please charge my credit card \$ _____

Company Description: _____

Credit Card Information: Visa Mastercard

Name on Card: _____

Address: _____

City/State/Zip: _____

Card #: _____

Exp. Date: _____

Security Code: _____

Mail Check / Fax Credit Card Information to:

NESWC Symposium , 6100 Rockside Woods Blvd. N., Ste 425, Independence, Ohio 44131

or fax to: (216) 524-0111 or via email to TheresaA@nesao.com

Symposium Chairperson: Theresa Avsec Phone: (216) 643-2780 Toll Free: (866) WOUNDCR (968-6327)