



13th Annual Adult Conference for Adults  
with Endocrine Disorders, in Partnership with



## **EXHIBITOR INFORMATION**

FRIDAY, MARCH 1, 2019

9 AM - 4 PM

Barrow Neurological Institute  
Phoenix, Arizona

# **Important Exhibit Information**

## **Location:**

Barrow Neurological Institute  
St. Joseph's Hospital and Medical Center  
Marley Lobby  
350 W. Thomas Road  
Phoenix, AZ 85013

## **Exhibit Date:**

Friday, March 1, 2019

## **Exhibit Hours:**

9:00 AM - 4:00 PM

## **Booth Sizes and Pricing**

|            |          |
|------------|----------|
| Tabletop   | \$ 1,500 |
| Non-profit | \$ 250   |

## **Set-up and dismantling**

Exhibits can be set-up Friday beginning at 7:00 AM and must be dismantled the same day at 4:00 PM.

## **Shipping information:**

Barrow will begin accepting shipments on Monday, February 25, 2019. You may pick up your materials the day of the program after 5am. You can ship your booth and booth materials to:

Barrow Neurological Institute  
MAGIC Foundation Conference/**Your Company Name**  
350 W. Thomas  
Phoenix, AZ 85013

## **Hotel Reservations**

Wyndham Garden Phoenix Midtown  
3600 N. 2nd Ave.  
Phoenix, AZ 85013

\$ 109 per night + tax, includes free wifi, parking and breakfast

To make reservations, call 602-604-4900 and ask for the MAGIC Foundation room block.

## **Sponsorship Opportunities**

With the sponsorships below, signage for each area of support will be displayed both at your booth on Friday and during the sponsored activity.

### **Attendee Tote Bag**

Convention attendees receive tote bags upon arrival. Your company logo/name will be on one side of the bag

**Sponsorship: \$2,000**

### **Attendee Name Badges**

Attendees receive name badges upon arrival. Your company logo/name will be advertised

**Sponsorship: \$1,000**

### **Welcome Reception**

Provides beverages and snacks for attendees

**Sponsorship: \$1,800**

### **Educational Segments**

Sponsorship will cover room rental fees, rental of audio/visual equipment and copies of presentation for attendees. Please specify which segment.

**Sponsorship: \$ 250 (per segment)**

### **Attendee Lunch (Friday or Saturday)**

Provides lunch for attendees

**Sponsorship: \$2,500**

### **Transportation (Friday and Saturday)**

Provides transportation for attendees between Barrow and Wyndham Hotel. Sponsorship signage will be in the bus window.

**Sponsorship: \$1,500**

# Exhibit Space Contract & Sponsorship Form

Friday, March 1, 2019 9 AM - 4 PM

Barrow Neurological Institute  
Marley Lobby  
350 W. Thomas Rd., Phoenix, AZ 85013

## Return this completed form with payment to:

MAGIC Foundation  
Dianne Kremidas-Exhibits  
dianne@magicfoundation.org  
4200 Cantera Drive, Suite 106, Warrenville, IL 60555  
630.836.8181 fax

**(Deadline January 28, 2019)**

| Company Name _____                 | <b>Booth Size</b>  | <b>Cost</b> |
|------------------------------------|--|-------------|
| Address _____                      | Tabletop<br>(includes 6' table & 2 chairs)   | \$ 1,500    |
| Address _____                      | Non-profit tabletop<br>(includes 6' table & 2 chairs)  | \$ 250      |
| City _____ St _____ Zip _____      | <b>Booth Size Required:</b><br>Tabletop ___ Non-profit ___   |             |
| Contact Person _____               | <b>Amount: \$ _____</b>  |             |
| Phone Number _____                 | <b>Will you need electric?</b><br>Yes ___ No ___   |             |
| E-mail Address _____               | <b>Will you be sponsoring an activity?</b><br>If so, please list the activities:<br>_____<br>_____ |             |
| <b>Please list exhibitor names</b> | <b>Amount: \$ _____</b>  |             |
| 1. _____                           | <b>Please list any additional requirements you may need:</b> _____                                 |             |
| 2. _____                           | _____  |             |
| 3. _____                           |  |             |
| 4. _____                           |  |             |

Total Amount Enclosed: \$ \_\_\_\_\_

**For credit card payments, please complete the credit card authorization form on the next page and return with your application.**

## Credit Card Authorization Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_,

Printed Name

**Check only one:**

As the Individual cardholder, I hereby authorize this card to be used for the deposit required.

As the company representative, I hereby authorize this card to be used for the deposit required.

**Credit Card Information:**

Name as it appears on the Card: \_\_\_\_\_

Type of Card:    VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Security Code BACK of Visa OR Master Card: (3 digits) \_\_\_\_\_

Security Code FRONT of Amex Card: (4 digits) \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder or Company Representatives Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_