



ANNUAL ADULT CONFERENCE FOR ADULTS  
WITH ENDOCRINE DISORDERS, IN PARTNERSHIP WITH



## **EXHIBITOR INFORMATION**

FRIDAY, FEBRUARY 24, 2023  
9:30 AM - 4:30 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, February 24, 2023

## **Exhibit Hours:**

9:30 AM - 4:30 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 4:30 PM.

## **Shipping information:**

Barrow will begin accepting shipments on Monday, February 20, 2023. 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

## **Hotels within walking distance:**

Hilton Garden Inn  
4000 N. Central Ave.  
Phoenix, AZ 85012  
602-279-9811

Embassy Suites by Hilton  
10 E. Thomas Rd.  
Phoenix, AZ 85012  
602-222-1111

Hampton Inn Midtown  
160 W. Catalina Dr.  
Phoenix, AZ 85013  
602-200-0990

**The MAGIC Foundation, 4200 Cantera Drive, Suite 106, Warrenville, IL 60555  
630.836.8200, 630.836.8181 fax**

# Exhibit Space Contract & Sponsorship Form

Friday, February 24, 2023 9:30 AM - 4:30 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 February 1, 2023)**

Company Name_____	<b>Booth Size</b> _____	<b>Cost</b> _____
Address_____	Tabletop (includes 6' table & 2 chairs)	\$ 1,500
Address_____	Non-profit tabletop (includes 6' table & 2 chairs)	\$ 250
City _____ St_____ Zip _____	<b>Booth Size Required:</b>	
Contact Person _____	Tabletop ___ Non-profit ___	
Phone Number_____	<b>Amount: \$</b> _____	
E-mail Address_____	<b>Will you need electric?</b> Yes ___ No ___	

### Please list exhibitor names

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

**Please list any additional requirements you may need:**

\_\_\_\_\_

\_\_\_\_\_

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

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