The MAGIC Foundation’s 26th Annual Convention
The Westin Lombard
Lombard, IL
July 16-19, 2020

GROW
CONNECT
LEARN

GROWTH HORMONE DEFICIENCY • HYPOPHOSPHATASIA
MCCUNE-ALBRIGHT SYNDROME/FIBROUS DYSPLASIA
OPTIC NERVE HYPOPLASIA • PANHYPOPITUITARISM • PRECOCIOUS PUBERTY
RUSSELL-SILVER SYNDROME • SMALL FOR GESTATIONAL AGE
Important Exhibit Information

**Location:**
The Westin Lombard Yorktown Center  
70 Yorktown Center  
Lombard, IL 60148  
630-719-8000

**Convention Dates:**
Thursday, July 16, 2020 - Sunday, July 19, 2020

**Exhibit Date:**
Thursday, July 16, 2020

**Exhibit Hours:**
11:00 PM - 8:00 PM

There is no limit to the amount of exhibitors that may attend. We invite exhibitors to spend the weekend in Chicago and attend educational and social activities. There will be no additional charge for the educational segments, and a minimal charge for the social activities. If you plan on attending any activities, please complete the registration form (registration fee is waived for exhibitors). A copy of the program is available on MAGIC’s website, [www.magicfoundation.org](http://www.magicfoundation.org)

**Booth Sizes and Pricing**

<table>
<thead>
<tr>
<th>Size</th>
<th>Price</th>
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</thead>
<tbody>
<tr>
<td>Tabletop</td>
<td>$3,000</td>
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<tr>
<td>8x10</td>
<td>$4,000</td>
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<tr>
<td>10x20</td>
<td>$6,000</td>
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<td>20x20</td>
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<tr>
<td>30x30</td>
<td>$15,000</td>
</tr>
<tr>
<td>Non-profit</td>
<td>$250</td>
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**Set-up and dismantling**
Exhibit set-up begins Thursday morning at 7:00 AM. Exhibits must be dismantled the same evening after 8:00 PM. If you need to access the ballroom earlier for larger exhibits, set-up can begin on Wednesday evening at 6:00 pm.

**Shipping information**
The Westin will begin accepting shipments on Monday, July 13, 2020. Shipments can be received via the loading dock between 7am - 10 pm. If you arrive and don’t see anyone you can pick up house phone and let them know you have a delivery. **Please note: Dimensions of the loading dock door is 10’ W x 8’H.**
You can ship your booth and booth materials to:

The Westin Lombard Yorktown Center  
MAGIC Foundation/Your Company Name/Booth #  
70 Yorktown Center  
Lombard, IL 60148

**Hotel Reservations**
$109 per night + tax  
[https://www.marriott.com/event-reservations/reservation-link.mi?id=1571781074138&key=GRP&app=resvlink](https://www.marriott.com/event-reservations/reservation-link.mi?id=1571781074138&key=GRP&app=resvlink)  
or call the Westin at 888-627-9031 and mention MAGIC to receive the room rate
**Sponsorship Opportunities**

With any sponsorship below, signage will be displayed both at your booth on Thursday and during the sponsored activity. All sponsors will also be recognized on MAGIC’s website and newsletter.

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

$7,000

**Attendee Name Badges**
Attendees receive name badges upon arrival. Your company logo/name will be advertised

$7,000

**Child Care Services**
Children will participate in professional daycare provided by American ChildCare Services

Full Sponsorship: $15,000
Partial Sponsorship: $8,000

**Exhibit Hall Reception**
Provides beverages and snacks for attendees in the exhibit room during exhibit hall reception

$7,000

**Field Trip to Discovery Center Museum**
Chaperoned field trip

$7,000

**Ladies Mix & Mingle**
Provides snacks and refreshments for the moms, grandmothers and other ladies in attendance

$2,000

**Red Carpet Hollywood Night**
Provides entertainment for social night

$16,000

**Family Networking Dinner**
Provides entertainment for social night

$16,000

**Educational Sessions**
Sponsorship will cover room rental fees & A/V

$1,000 (per segment)

Please specify segment: GHD, HPP, PAN, RSS/SGA, ONH, MAS/FD

**Friday Speaker Luncheon**
Provides a luncheon for the speakers

$5,000

**Saturday Speaker Luncheon**
Provides a luncheon for the speakers

$5,000
Exhibit Space Contract & Sponsorship Form

Thursday, July 16, 2020  11 - 8 PM

Return this form with payment to:

The MAGIC Foundation
Dianne Kremidas-Exhibits
4200 Cantera Dr., Suite 106
Warrenville, IL  60555

630-836-8181 fax
dianne@magicfoundation.org

(Deadline June 22, 2020)

Company Name_______________________
Address____________________________
City _____________St____ Zip ________
Contact Person ______________________
Phone Number_______________________
E-mail Address______________________

Please list exhibitor names
1.________________________________
2.________________________________
3.________________________________
4.________________________________
5.________________________________
6.________________________________
7.________________________________

<table>
<thead>
<tr>
<th>Booth Size Required:</th>
<th>Booth Size</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Exhibit Only Tabletop</td>
<td>Tabletop</td>
<td>$ 3,000</td>
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Booth Size Required:
Tabletop ___ 8x10 ___ 10x20 ___ 20x20___ 30x30___ Non-profit ___

Amount: $_______

Will you need electric (included in exhibit fee)
Yes ___ No ___

Is your booth designed as a center island or would you prefer to be against a wall?
Island _______ Wall _______

Will you be providing any entertainment at your booth?
Yes ___ No ___

Please list type of entertainment:

___________________________________

Will you be sponsoring an activity?
If so, please list the activities:

___________________________________

Amount: $_______

Please list any additional requirements you may need:

___________________________________

___________________________________

Total Amount Enclosed:  $ _________
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 amount listed below.

□ As the company representative, I hereby authorize this card to be used for the amount listed below.

Credit Card Information:

Name as it appears on the Card:

_____________________________________________________________________

Type of Card: □ VISA □ MASTERCARD □ DISCOVER □ AMERICAN EXPRESS

Credit Card Number __________-_________-_________-________-

Expiration Date ___/____

Security Code (3 digits or 4 for Amex) ____________________

Amount to be charged __________________

Credit Card Billing Address:

Street: ______________________________________

City: ________________________________State: __________Zip Code: __________

Telephone: ________________________________

Cardholder or Company Representatives Signature:_________________________