

INDIANA CHAPTER

American College of Emergency Physicians ns

630 No. Rangeline Rd. Suite D, Carmel, IN 46032 2 2

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Email: [sue@inacep.org](mailto:indianaacep@sbcglobal.net%20l.net)

**EXHIBITOR AND/OR SPONSORSHIP REGISTRATION FORM**

The **48th Annual Indiana ACEP Post Graduate Course in Emergency Medicine** is scheduled for **April 22 & 23, 2020** at the **Renaissance Indianapolis North Hotel, 11925 N. Meridian St., Carmel, IN 46032**

We would like to invite you to exhibit your products and/or services at this conference on Wednesday April 22th, 2020.

We expect an attendance of over 90 Emergency Physicians, Nurses, PA's & Paramedics at this event.

Here is what you need to know.

1)    Exhibit Hours will be from 10:00am – 3:30pm.  At the request of our vendors, we have added a third break to provide additional time for networking. The scheduled breaks will be:

a.      10:30am - 10:45am

b.      2:00 pm - 2:15pm

c.      3:15 pm - 3:30pm

2)    Vendor space will be in the Great Room on the Hotel’s first floor, with the lecture area adjacent.

3)    We will distribute a punch card to attendees to promote they visit the exhibitors (to get their punch – no pun intended) throughout the day.  The attendee will turn in the card for a random drawing of prizes

Please note:  You may contact me directly at [sue@inacep.org](mailto:sue@inacep.org) if you would like to contribute a prize for the drawing. The drawing will be held at the end of the final break, and the attendees must be present to win.

The Renaissance Indianapolis North Hotel, is holding rooms for us at a rate of $189.00 per night. If you plan to stay at the Renaissance, call them at 317-816-0777 and tell them you are with the American College of Emergency Physicians - Indiana Chapter. **Deadline for Hotel Reservations is March 31, 2020**

Please respond as early as possible. The exhibit area will hold ***15 exhibitors*** which we will be assigning on a ***first come, first served*** basis. **Deadline for Exhibitor Registration is March 31, 2020 or earlier if we reach our 15 exhibitor limit sooner.**

There are additional sponsorship opportunities available for getting increased exposure at the conference. **Unfortunately, CME guidelines do not allow us to provide complimentary exhibit tables with sponsorships.** For any sponsorship of $500.00 to $1499.99, your name will appear in all of our printed material as a "Blue Level" sponsor. For any grant of $1500.00 or over - your name will appear in all of our printed material as a "Gold Level" sponsor. Sponsors will be acknowledged to our entire membership in our newsletter, the EMPulse.

If you need any additional information, please e-mail Sue Barnhart at: sue@inacep.org or call 317-846-2977.

Sincerely,

Sue Barnhart

Executive Assistant – INACEP

**To register on line please go to: https://inacep.org/sponsor-exhibitor-registration/**

**If you would rather register by check, please choose one of the three Registration forms enclosed: (ie; Exhibitor only, Sponsor only or Both) and return, along with check to us.**

**Thank You!**

EXHIBITOR ONLY REGISTRATION FORM -

Deadline is March 31 or sooner if our 15 vendor limit is met sooner

**48th Annual Indiana ACEP Post Graduate Course in Emergency Medicine**

**Renaissance Indianapolis North Hotel at 11925 No. Meridian St., Carmel, IN 46032**

***EXHIBIT HOURS ARE WEDNESDAY APRIL 22, 2020 ONLY 10:00am - 3:30pm***

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

please type it exactly how you want it to appear in our advertising

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

this is the person that will receive all further information regarding set-up times, etc.

Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to contribute a prize for the drawing:

Prize Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prize Value\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Type:

billing

insurance

pharmaceutical

medical devices

recruiting

other - please explain

Attendee 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booth Cost: (Booth is a 6 foot x 2 foot skirted table & 2 chairs) $500.00

Do you need electricity? Yes 

No  Cost of Electricity $50.00

TOTAL COST: ­­­\_\_\_\_\_\_\_

Please send registration & check to:

Indiana ACEP

630 No. Rangeline Rd. Suite D.

Carmel, IN 46032

If you would like to pay by credit card, please register via our website:

www.inacep.org

SPONSORSHIP ONLY REGISTRATION FORM

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this is the person that will receive all further information regarding paperwork that might be necessary to complete CME commercial support forms, etc.

Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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pharmaceutical

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recruiting

other - please explain

I would like to sponsor the following event (s):

Day 1 - Wednesday April 17 Continental Breakfast $1500.00

Day 1 - Wednesday April 17 Morning Break $500.00 

Day 1 - Wednesday April 17 Luncheon $2000.00

Day 1 - Wednesday April 17 Afternoon Break $500.00

Day 2 - Thursday April 18 Full Breakfast $1500.00

Day 2 - Thursday April 18 Morning Break $500.00

Support of Speakers & Attendance of Residents (we can use several) $500.00

TOTAL: \_\_\_\_\_\_\_\_\_\_ Please send registration & check to:

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