

Arizona Orthopaedic Society
Fall 2024 Annual Meeting – October 26th, 2024
Bob Bové Neuroscience Institute at HonorHealth, Scottsdale
COMMERCIAL SUPPORTER PROSPECTUS

The Arizona Orthopaedic Society is offering four levels of support for our Fall 2024 Annual Meeting:

Exhibitor Levels

- \$2,000 – display table Saturday and complimentary attendance at Saturday breaks for two reps

Additional sponsorships (acknowledgement signage at sponsored event as permitted):

Full sponsorships:

- Resident Poster Session \$2,500
- Reception sponsor (Saturday) \$4,000
- Breakfast sponsor (Saturday) \$3,000
- Break sponsor (Saturday am or pm) \$1,500
- Lunch and Learn sponsor (Saturday) \$4,000
- Dinner sponsor (Friday or Saturday) \$10,000

This Activity is for scientific and educational purposes only and will not promote the products of COMMERCIAL SUPPORTER, directly or indirectly. The juxtaposition of educational and advertising material on the same products or subjects is not allowed. Promotional materials cannot be displayed or distributed during the education immediately before, during or after the Activity.

Exhibitors/commercial supporters will be accepted on a first-come basis.

APPLICATION FOR COMMERCIAL SUPPORT

2024 Arizona Orthopaedic Society Annual Meeting

October 26, 2024

Bob Bové Neuroscience Institute at HonorHealth, Scottsdale, AZ

YES! My company would like to participate as a commercial supporter at the Arizona Orthopaedic Society 2024 Annual Meeting.

Firm Name _____

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____ Email _____

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Total Enclosed _____

Representing your company (as you want it to appear on nametag)

Name _____

Name _____

Name _____

Name _____

We require an electrical hookup. Yes ____ No ____

Product or service to be displayed _____

Additional Comments

Please complete and return to: Kassie Mueller, CMP, Arizona Orthopaedic Society, 2401 W. Peoria Avenue, Suite 315, Phoenix, AZ 85029. Phone: 602-489-1564; kmueller@azmed.org Tax ID #86-0501311

Credit card number _____

Exp Date _____ CVC # _____

Billing Address _____

Name on card _____

Signature _____