

# PainConnect Exhibiting and AAPM Corporate Partner Opportunity Registration Form



## CONTACT INFORMATION

\*Name of Organization: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Please note this is how your company and products/services will appear on all meeting-related materials.*

## CORPORATE PARTNER / EXHIBITOR OPTION

Item	Price	Quantity	Total
Platinum Corporate Partner	\$45,100		
Gold Corporate Partner	\$35,100		
Silver Corporate Partner	\$25,100		
Bronze Corporate Partner	\$14,100		
Corporate Partner	\$8,600		
Exhibitor	\$5,100		
Exhibitor – Nonprofit <sup>1</sup>	\$2,500		

## ADDITIONAL OPPORTUNITIES

Item	Price	Quantity	Total
AAPM Industry Partner	\$10,000		
Onsite Digital Advertisement	\$1,500		
Push Notifications	\$1,000		
Conference Key Cards (+ cost of cards)	\$3,000		
Conference Bags with Sponsor Logo (+ cost of bags)	\$3,000		
Conference Lanyards (+ cost of lanyards)	\$3,000		
Host a Product Theater	\$2,500		
Cocktails or Coffee Enhanced Break (+ F&B cost)	\$1,500		
Conference Rooms per day – a separate form will follow	\$5,000		
Innovation Challenge (Corporate Partner – Silver Partner)	\$5,000		
Fun Event Sponsor (+ cost of supplier/instructor)	\$1,000		
Lead Retrieval License	\$450		

## BRANDING MENU

Item	Price	Quantity	Total
Vertical Pull Up Signage (3 available) Main Elevator/premium placement	\$3000*		
4-sided cube signage (2 available) Pre-Function Space	\$2500*		
2-sided vertical box signage (4 available)	\$1500*		
Marketing messaging ad on rotating monitor in pre-function space (8 available)	\$1,000* per ad		

 Please call me to discuss our Corporate Partner/Exhibitor Opportunities.

*1. Space for nonprofit exhibitor attendance is limited, and a table may be placed in the Exhibit Hall pre-function area. Space is allocated on a first-come, first-served basis upon receipt of your IRS 501(c) determination letter.*

*\*Production and installation fees not included in pricing.*

Choice	Booth Number
1st Choice	
2nd Choice	
3rd Choice	
4th Choice	

[illegible]

Mail to: American Academy of Pain Medicine  
10440 Little Patuxent Pkwy, Ste. 300  
Columbia, MD 21044

**Questions?** Contact **Kimberly Meagan** [kimberleymeegan@gmail.com](mailto:kimberleymeegan@gmail.com) or **Jeremy Mattila**, [Jeremy.mattila.scora@gmail.com](mailto:Jeremy.mattila.scora@gmail.com).

**CREDIT CARD AUTHORIZATION FORM**

In order to charge your credit card and in accordance with security measures taken by credit card companies, please fill in the following form and return.

Please send this sheet by email scan to the attention of:

**Kimberley Meegan**  
**AAPM Corporate Partner Associate**  
**Email: [kimberleymeegan@gmail.com](mailto:kimberleymeegan@gmail.com)**

**AUTHORIZATION FOR CREDIT CARD CHARGES**

*A 3% fee will be added to all credit card transactions exceeding \$5,100.*

Name of Company	
We Authorize AAPM to make the charge of: (US currency only)	
For the following Services	
For Meeting: (credit card statement will read American Academy of Pain Medicine as the merchant)	PainConnect

**CREDIT CARD DETAILS TO BE CHARGED:**

VISA MC AMEX   

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Address (as per credit records): \_\_\_\_\_

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

Country: \_\_\_\_\_

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

Email for receipts: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_