

# 2<sup>nd</sup> MECFC Middle East CF Conference Sponsor/Exhibitor Contract

## EXHIBITOR/SUPPORTER CONTRACT

As a provider of continuing medical education to physicians, MECFA strictly adheres to the essentials and standards of the ACCME for commercial support of educational sessions.

All support offerings follow the above-noted essentials and standards.

### SUPPORTER TYPE (please check one)

- Platinum Supporter\* (\$50,000 +)
- Gold Supporter\* (\$30,000 – \$49,999)
- Silver Supporter\* (\$20,000 – \$29,999)
- Bronze Supporter (\$15,000 – \$19,999)
- Contributor (\$1,000 – \$3,999)
- Non-profit Contributor (\$3,000)

Session/activity/service(s) to be supported:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Amount of Contribution \$ \_\_\_\_\_

### EXHIBIT SPACE

- Island Booth Size\* (maximum 20' X 30') \$8,000
- Standard Booth (10' X 10') \$5,000
- Linear Booth (multiples of 10' X 10' booths) \$5,000 + 2,000 for each additional 10 x10 space

How many \_\_\_\_\_

- Table w/skirt \$3,000
- Other, please explain: \_\_\_\_\_
- Presidents Dinner \$75 per person # \_\_\_\_\_ attending

Total Amount for Exhibitor space/Social event \$ \_\_\_\_\_

### Preferred Booth Location:

If the space requested is not available, comparable space will be assigned.

1st choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

2nd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

### BILLING AND CONTACT INFORMATION

\_\_\_\_\_  
Company Name (as it should appear in the program)

Company Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip Country

\_\_\_\_\_  
Contact Person Title

\_\_\_\_\_  
E-mail Company Web Site

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
On-site Contact E-mail

If the Company Billing Name differs from above  
Company Name

\_\_\_\_\_  
Address

### METHOD OF PAYMENT

Amount Due \$ \_\_\_\_\_ \*Contribution and Exhibitor Space  
(MECFA will invoice you for the amount you indicate above)

Application is hereby made for Supporter status and exhibit space at the Middle East CF Conference, march 2018. I am an authorized representative of the company named above with full authority to sign and deliver this application. The company listed on this application agrees to comply with the 2017 MECFC Exhibit Rules and Regulations included in this Sponsor Prospectus. Any violation of these rules and regulations will result in consequences stated in the Sponsor Prospectus.

\_\_\_\_\_  
Authorized Signature and Date

Complete contract and email to Christine [cnoke@mecfa.org](mailto:cnoke@mecfa.org). MECFA will invoice your company and provide payment details.