

PAINCONNECT EXHIBITING AND AAPM CORPORATE PARTNER OPPORTUNITY REGISTRATION FORM

Contact Information

*Name of Organization:
Primary Contact Name:
Addross 1:

Address 1: Address 2:

City: State: Zip:

Telephone: Email:

Corporate Partner / Exhibitor Option

Corporate Partner and Exhibitor Packages Item	Price	Quantity	Total
Platinum Corporate Partner	\$45,000		
Gold Corporate Partner	\$35,000		
Silver Corporate Partner	\$25,000		
Bronze Corporate Partner	\$14,000		
Corporate Partner	\$8,500		
Exhibitor	\$5,000		
Exhibitor – Nonprofit ¹	\$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		
Badge Scanner	\$250		
Branding Menu			
Item	Price	Quantity	Total
Rotating Doors – Main Entrance	\$10,000		
Rotating Doors – 5 th Street Entrance	\$10,000		
Cannon & Belle Cling	\$5,000		
Lobby Column Monitor	\$5,000		
Lobby Check-In Counters	\$5,000		
Escalator Runner – Lobby to 4 th Floor	\$2,500		
Escalator Runner – mid-floor to 6 th Floor	\$2,500		
6 th Floor Meeting Floor Window Cling Above escalator	\$2,000		
4 th Floor Meeting Floor Window Cling Above escalator	\$2,000		
Media Wall-Static Imaging	\$15,000		
Media Wall-Looped Video	\$20,000		
TOTAL Corporate Partner/Exhibit Amount			

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



Please call me to discuss our Corporate Partner/Exhibitor Opportunities.		Please call	me to disc	cuss our Co	orporate P	artner/Exhibitor	Opportunities.
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Table/Booth Selection (subject to payment and availability)

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

Corporate Partners Description and Logo: (50 words or less)

Name	Email Address
Make check payable to AAPM Mail to: American Academy of Pain Medicine 10440 Little Patuxent Pkwy, Ste. 300 Columbia, MD 20144	
This application is a contract between our sponsori PainConnect 2025 annual conference. By signing t	his contract, our company agrees to follow all the ayment is welcome anytime but is due IN FULL and ACH payment information upon request. The
Signature:	
Return the completed form to:	

AAPM | 10440 Little Patuxent Pkwy, Ste. 300, Columbia, MD 20144 or

Email to Jeremy Mattila, <u>Jeremy.mattila.scora@gmail.com</u>

¹Space 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.



Questions? Contact Kimberly Meagan <u>kimberleymeegan@gmail.com</u> or Jeremy Mattila, <u>Jeremy.mattila.scora@gmail.com</u>

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:

Jeremy Mattilla

AAPM Corporate Partner Associate

Email: Jeremy.mattila.scora@gmail.com

Authorization for Credit Card Charges

A 3% fee will be added to all credit card transactions exceeding \$5,000.

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	PainConnect
American Academy of Pain Medicine as the	
merchant)	
Credit card details to be charged:	
□ AMEX □ VISA □ MC	
Number:	
Expiration date:	Security Code:
Expiration date.	Security Code
Name of card holder:	
Address (as per credit records):	
City: State:	Zip:
Country:	
Telephone number:	
Email for receipts:	
Email for receipts.	
Signature of card holder:	Date: