

# 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

<b>Corporate Partner and Exhibitor Packages</b>			
<b>Item</b>	<b>Price</b>	<b>Quantity</b>	<b>Total</b>
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 <sup>1</sup>	\$2,500		
<b>Additional Opportunities</b>			
<b>Item</b>	<b>Price</b>	<b>Quantity</b>	<b>Total</b>
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		
<b>Branding Menu</b>			
<b>Item</b>	<b>Price</b>	<b>Quantity</b>	<b>Total</b>
Rotating Doors – Main Entrance	\$10,000		
Rotating Doors – 5 <sup>th</sup> 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 <sup>th</sup> Floor	\$2,500		
Escalator Runner – mid-floor to 6 <sup>th</sup> Floor	\$2,500		
6 <sup>th</sup> Floor Meeting Floor Window Cling Above escalator	\$2,000		
4 <sup>th</sup> Floor Meeting Floor Window Cling Above escalator	\$2,000		
Media Wall-Static Imaging	\$15,000		
Media Wall-Looped Video	\$20,000		
<b>TOTAL Corporate Partner/Exhibit Amount</b>			





Questions? Contact Kimberly Meagan [kimberlymeegan@gmail.com](mailto:kimberlymeegan@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:

Jeremy Mattilla  
AAPM Corporate Partner Associate  
Email: [Jeremy.mattila.scora@gmail.com](mailto: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 American Academy of Pain Medicine as the merchant)	PainConnect

Credit card details to be charged:

AMEX       VISA       MC

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: \_\_\_\_\_