

GENERAL INFORMATION FOR EXHIBITS

Meeting: 26th FETUS AS A PATIENT CONGRESS

Dates: April 25-28, 2010

Site: Omni Hotel, San Diego, California

Commercial Exhibits

Exhibit times:

Sunday: 1:00pm - 6:00pm

Monday: 9:30am - 4:00pm

Tuesday: 9:30am - 4:00pm

Wednesday: 9:30am - 12:00pm

List of sponsorship categories:

PLATINUM..... \$10000 (ten thousand)

Four exhibit spaces with first choice selection of site

Acknowledgment on all promotional materials and on the final program

Projections of acknowledgements in main session during breaks

A single room for three nights at the OMNI hotel

Complimentary registration to the scientific meeting for up to 5 people

Full page BW add in the final program

GOLD..... \$5000 (five thousand)

Three exhibit spaces with second choice selection of site

Acknowledgment on all promotional materials and on the final program

Projections of acknowledgements in main session during breaks

A single room for two nights at the OMNI hotel

Complimentary registration to the scientific meeting for up to 3 people

Half page BW add in the final program

SILVER

Double exhibit space..... \$2500 (two thousand five hundred)

Acknowledgment on all publications and on the final program

Projections of acknowledgements in main session during breaks

Complimentary registration to the scientific meeting for 1 person

BRONZE

Single exhibit space..... \$1350 (one thousand three hundred and fifty)

Acknowledgment on all publications and on the final program

Projections of acknowledgements in main session during breaks

SEE THE EXHIBITOR REGISTRATION FORM ON THE NEXT PAGE

EXHIBITOR REGISTRATION FORM FOR THE 26th FETUS AS A PATIENT CONGRESS

DATES: Sunday - Wednesday, April 25-28, 2010

LOCATION: Omni Hotel, San Diego, CA

By Mail: Complete this form and mail to:
 IVAN ZADOR
 3241 Bloomfield Shores
 West Bloomfield, MI 48323
 Phone: 310-821- 8441 Email: izador@meetingpro.net

By Fax: Complete this form and fax to:
1-248-671-0435
 Our fax line is open 24 hours, 7 days a week

Company Name: _____

Company Street: _____ City: _____

Company State: _____ Zip: _____

Contact Person Name: _____ Phone: _____

Contact Person Email: _____@_____

Please circle your choice of sponsorship

- Platinum \$10000
- Gold \$5000
- Silver \$2500
- Bronze \$1350

Indicate payment method	
<input type="checkbox"/>	Payment is enclosed (make check payable to the PLAZA GROUP) and mail it to the address on the top of the form
<input type="checkbox"/>	Payment is not enclosed but will follow once it is obtained.
<input type="checkbox"/>	Please charge : <input type="checkbox"/> VISA <input type="checkbox"/> AX <input type="checkbox"/> MasterCard
Credit Card Numbers	
Name on Credit Card: _____	
Expiry Month: _____	Year: 20 _____ Security Code (3 or 4 digits): _____

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