

2020 SWNC & CRSA Exhibitor Sponsorship Registration

To register by fax, complete form and fax to 602-845-7966. To register by mail, send to National Kidney Foundation of Arizona or Cardio Renal Society of America, 360 E. Coronado Rd. #180, Phoenix, AZ 85004. Please make check payable to National Kidney Foundation of Arizona. Tax ID# 866052343 or Cardio Renal Society of America TID# 86-0790859

Company _____

Contact Last Name _____

Contact First Name _____

Street Address _____

City _____

State _____

Zip _____

Work Phone _____

Cell Phone _____

FAX _____

Email Address (Required) _____

How did you hear about the conference? _____

Names of Booth Staff, Maximum 2 (Required prior to event for name badges). _____

SPONSORSHIP OPPORTUNITIES

Title Sponsor	\$50,000	<input type="checkbox"/>
Keynote Dinner Symposium	\$30,000	<input type="checkbox"/>
Meal Sponsorship	\$15,000	<input type="checkbox"/>
Premier Level	\$10,000	<input type="checkbox"/>
Leadership Level	\$5,000	<input type="checkbox"/>
A La Carte Item _____	\$ _____	<input type="checkbox"/>
Additional Donation	\$ _____	<input type="checkbox"/>

EXHIBIT TABLES

Island Exhibit*	\$5,000	<input type="checkbox"/>
Premium Exhibit*	\$3,300	<input type="checkbox"/>
Standard Exhibit*	\$2,750	<input type="checkbox"/>
Non-Profit Rate*	\$500	<input type="checkbox"/>
Additional Booth Staff	\$250	<input type="checkbox"/>

*10% Early Bird Discount applied if paid in full by August 15, 2019

Preferred Booth Space #1 _____
 #2 _____
 #3 _____

CONDITIONS

Exhibits: May not interfere with the activity presentation. Exhibit placement must not be a condition of the support.

Commercial Activities: No promotional materials may be displayed in the same room immediately before, during, or immediately after an educational activity.

Commercial Representatives: May attend the activity but no promotional behavior is permitted in the same room.

All other support: (e.g. distributing brochures, preparing slides) must have full knowledge and approval of the National Kidney Foundation of Arizona, Cardio Renal Society of America and Synaptiv. No additional funds from the COMMERCIAL SUPPORTER will be paid to the activity director, faculty, or others involved. There will be no direct commercial support of physicians in attendance.

Payment Information for Exhibits & Sponsorships

PAYMENT AMEX VISA MC DISCOVER CHECK TOTAL _____

CARD HOLDER _____

CARD NUMBER _____ SECURITY CODE: _____

EXPIRATION DATE _____ SIGNATURE _____