

ANNUAL 18-HOUR PROGRAM IN

# LOWER EXTREMITY MEDICINE AND SURGERY

September 10-11, 2021

Embassy Suites by Hilton • Saratoga Springs, NY

PRESENTED BY

## ACLES

American College  
of Lower Extremity  
Surgeons

# Exhibitor Prospectus



5th Annual Saratoga Springs  
Podiatry Conference

September 10-11, 2021

Embassy Suites - Sarasota Springs, NY

Program Director  
William Sarchino, DPM

Program Co-Director  
Brian Goldstein, DPM

CME Director  
Irina Vasserman, DPM

Exhibitor Committee  
Bruce Holtzman, DPM

Event Planner  
Charmane Dow

# Exhibitor Information

## Important Dates and Times

- ▶ Event Dates - September 10-11, 2021
- ▶ Registration and booth set-up on September 10 at 10:00 am
- ▶ Meeting begins on Friday, September 10 at 12:00 pm
- ▶ Registration will open for the 2021 Meeting on July 1, 2021

## Exhibitor Registration

- ▶ All Registration information for companies wishing to exhibit can be found on this brochure on the ACLES

## Exhibitor Table Times

- ▶ Friday, September 10 starting at 12:00 pm
- ▶ Saturday, September 11 from 7:30 am - 6:00 pm
- ▶ Tables must be broken down by 8:30 pm on Saturday, September 11

# Sponsorship Levels

## Gold - \$5,000 - 2 spots available

- ◆ Any remaining GOLD spots will be released to SILVER or BRONZE exhibitors after August 15, 2021
- ◆ Prime location outside of the meeting room
- ◆ Four (4) company representatives allowed
- ◆ Recognition signage
- ◆ Name included on “thank you” gift provided to all attendees from the ACLES team.
- ◆ Advanced access to register to host breakfast and lunch corporate presentation reserved for GOLD sponsors through August 15, 2021. Breakfast and lunch dates will be released on a first request basis.
- ◆ 4 x 8 foot table provided with two chairs
- ◆ Any remaining SILVER spots released to BRONZE exhibitors after August 15, 2021.

## Silver - \$2,500 - 3 spots available

- ◆ Next best location in Exhibit area
- ◆ Three company representatives allowed
- ◆ Recognition signage
- ◆ Advanced access to register to host breakfast or lunch corporate presentations reserved for SILVER sponsors (if still available). Dates will be assigned on a first request basis
- ◆ 4 x 8 foot table provided with two chairs

## Bronze - \$1,500 - 6 spots available

- ◆ Next best location in Exhibit area
- ◆ Two company representatives allowed
- ◆ Recognition signage
- ◆ 4 x 8 foot table provided with two chairs

# Exhibitor Information

## Additional Company Representatives

All additional company representatives above the number allowed by the level of sponsorship will need to register as an attendee via the website or pay the \$150 additional fee.

## Hotel Registration

A block of rooms has been secured at the host hotel at discounted rates. In order to secure a room within the block rate your company will need to be registered as an exhibitor first or you will need to be registered as an attendee.

## Shipping

Shipping will be direct to the hotel and materials can arrive one week prior to the opening day. All materials shipped for your table should be clearly marked with your company name and "hold for Saratoga Podiatry Meeting".

## Sponsorship Opportunities

Breakfast Symposium (50 person max)	\$1,000
Lunch Symposium (50 person max)	\$1,000
Welcome Reception	\$1,500
Name Badge Holders	\$500
Meeting Bags	\$250
Continental Breakfast in Exhibit area	\$750/day
Morning Break in Exhibit Hall	\$250/day

## Sponsorship Registration Form

SPONSORSHIP REGISTRATION FORM			
<input type="checkbox"/>	Gold	\$5,000	Top Sponsor, Premium Exhibit Space, Signage, Website Recognition, Gift
<input type="checkbox"/>	Silver	\$2,500	Highlighted Sponsorship Recognition, Signage and 2nd-tiered Exhibitor Space
<input type="checkbox"/>	Bronze	\$1,500	Sponsorship Recognition and 3rd-tiered Exhibitor Space
<input type="checkbox"/>	Exhibitor	\$1,200	

### CONTACT INFORMATION

Contact Name: _____		
Company: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Work phone: _____	email: _____	
Cell phone: _____		

### PAYMENT INFORMATION

Payable in US dollars. Please include a check or money order payable to the ACLES or fill in the credit card information below.

**Payment Total:** \_\_\_\_\_

Check number: \_\_\_\_\_

Credit card number: \_\_\_\_\_

CSC Number (3-digit number on back of card / AMEX 4-digit number on front): \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Signature: \_\_\_\_\_

Billing address (if different) \_\_\_\_\_ : \_\_\_\_\_

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