

— 1st ANNUAL —

AMH

ADVANCES IN MEN'S HEALTH



EXHIBIT AND SUPPORT PROSPECTUS

August 23-26, 2021

**The Lodge at Whitefish Lake
Whitefish, Montana**



PROGRAM DIRECTOR

Steven N. Gange, MD, FACS
Director of Education, Summit
Urology Group, and
Co-Founder and President,
Utah Healthy Living Foundation

Organized by Carden Jennings Publishing Co., Ltd. in
partnership with *Grand Rounds in Urology*



Co-Provided by:



EXHIBIT AND SUPPORT APPLICATION

EXHIBIT APPLICATION (Please read and sign pages 3 and 4):

- ☐ My company would like to **exhibit** at the Conference (3 days, one 6-foot table/exhibit space). *Due to social distancing protocols, space is limited and available on a first-come, first-served basis. Additional information on exhibiting will be provided upon confirmation.*

COMMERCIAL SUPPORT PREFERENCES

My company would like to support the Conference with general support (see below for information on individual support opportunities).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Platinum (\$35,000) | <input type="checkbox"/> Gold (\$20,000) | <input type="checkbox"/> Silver (\$15,000) | <input type="checkbox"/> Bronze (\$7,500) |
|--|--|--|---|

SPECIAL FUNCTION SUPPORT PREFERENCES

Platinum Level – \$35,000

- Includes one exhibit booth space and 6 complimentary full conference registrations
- Support of one product theater (exclusive of speaker expenses and/or honorarium), including food and beverage and AV costs
- Partial support of Welcome Reception (includes signage)
- Support of lanyards with company name
- Complimentary one page insert into meeting bag (content must be provided by sponsor)
- Receipt of full attendee list after conference

Gold Level – \$20,000

- Includes one exhibit booth space and 5 complimentary full conference registrations
- Support of WiFi network and charging stations OR hotel room keycards for all attendees, with logo
- Complimentary one page insert into meeting bag (content must be provided by sponsor)
- Receipt of full attendee list after conference

Silver Level – \$15,000

- Includes one exhibit booth space and 4 complimentary full conference registrations
- Support of audience response system
- Support of one coffee break (includes signage)
- Complimentary one page insert into meeting bag (content must be provided by sponsor)
- Receipt of full attendee list after conference

Bronze Level – \$7,500

- Includes one exhibit booth space and 3 complimentary conference registrations
- Support of one coffee break (includes signage)
- Receipt of full attendee list after conference

Exhibitor – \$3,500

- Includes one exhibit booth space and 1 complimentary full conference registration
- Receipt of full attendee list after conference

- ☐ Exhibit space (6' tabletop only) — \$3,500 for all three days: includes two complimentary registrations/badges
- ☐ Product Theater* slots (non-CME), Morning (2) — \$20,000 each; Afternoon (2) — \$20,000 each.
- ☐ Welcome Reception — \$5,000 on Sunday, August 23
- ☐ Faculty Dinner — \$5,000 on Sunday, August 23
- ☐ Daily Coffee/Refreshment Breaks — \$2,500 each day (all 4 days for \$7,500)
- ☐ Online Virtual Exhibit — \$3,500
- ☐ Online Product Video (1-2 minutes) — \$2,500
- ☐ WiFi and Charging Station Sponsorship — \$5,000
- ☐ Advisory Board Meeting time slot — \$10,000
- ☐ Conference highlights webcast (exclusive support of online lecture collection) — \$40,000
- ☐ Conference Satellite Symposium highlights printed and web publication as a supplement to **Grand Rounds in Urology** — \$30,000

* These programs include the cost of audiovisual equipment and food and beverage. All presentations at the **Advances in Men's Health** are the property of the organizer. Any unauthorized reprint, electronic replication or other dissemination of the content of **Advances in Men's Health** is a copyright infringement. These ownership rights apply to the content of plenary sessions, concurrent sessions, workshops, abstracts, satellite symposia, and all other scientific presentations.

APPLICANT INFORMATION

Applicant name and address *as it should appear in the Official Program*

Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Contact E-mail: _____

PAYMENT INFORMATION

All payments must be made in US dollars. Make checks payable to "Carden Jennings Publishing Co., Ltd." Please remit payments by **August 1, 2021**. Tax ID Number: 62-1460831

We agree to pay the TOTAL sum of (USD): \$ _____

- ☐ I will pay by check (please make payable to "Carden Jennings Publishing Co., Ltd.")
☐ Please send me an invoice to process payment.
☐ I will pay by credit card (see details below)

CREDIT CARD AUTHORIZATION, if applicable

Card Holder Name:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card #:	Expiration Date (MM/YY):	CVV Code:	
Signature:	Date signed:		

Please forward completed form and payment to:

Marc Weathersby
Carden Jennings Publishing Co., Ltd.
375 Greenbrier Drive, Suite 100
Charlottesville, VA 22901

Phone: 434-817-2000 • Fax 434-817-2020 • E-mail: marc@cjp.com

The undersigned Applicant hereby makes application to obtain from Carden Jennings Publishing Co., Ltd. ("Conference Management") the exhibit space, commercial support preferences, and special function support preferences selected in this Exhibit and Support Application (collectively, the "Services"). The Applicant acknowledges and agrees exhibit space locations shall be assigned by Conference Management, in its own discretion. The Applicant acknowledges and agrees that, upon acceptance by Conference Management, this Exhibit and Support Application will become a contract between Conference Management and the Applicant for the provision of the Services and that the Services shall be provided subject to the terms of the standard Conference Support and Exhibition Terms and Conditions agreement, which is available at: <https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/>.

Advances in Men's Health is approved for *AMA PRA Category 1 Credit™* by the Utah Healthy Living Foundation (UHLF)

The Utah Healthy Living Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Please have an authorized party sign and date below to indicate your agreement with the terms and conditions contained in this Exhibit and Support Application.

I agree with and accept the terms of this Exhibit and Support Application and in the Conference Support and Exhibition Terms and Conditions agreement, which is available at: <https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/>

For (Print Applicant's Company Name): _____

By (Authorized Signature): _____

Print Name: _____ Title: _____

Date: _____

*Please contact us if you need any additional information. **SEE YOU IN WHITEFISH!***