



EXHIBIT AND SUPPORT PROSPECTUS

December 9-11, 2021

Westin Kierland • Scottsdale, Arizona

ACTIVITY CO-DIRECTORS

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Organized by CJP Medical Communications in partnership with *Grand Rounds in Urology*



EXHIBIT AND SUPPORT FORM

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). *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 (\$10,000)	<input type="checkbox"/> Exhibitor (\$5,000)
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We would like to support the Conference as follows.

- ☐ Support of _____ in the amount of \$ _____
- ☐ Support of _____ in the amount of \$ _____
- ☐ Support of _____ in the amount of \$ _____

SPECIAL FUNCTION SUPPORT PREFERENCES

Platinum Level – \$35,000

- Includes one premium exhibit booth space and 6 complimentary full conference badges
- Support of one product theater slot (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 a complete attendee list after the conference

Gold Level – \$20,000

- Includes one premium exhibit booth space and 5 complimentary full conference badges
- Support of one hands-on training session
- Complimentary one-page insert into meeting bag (content must be provided by sponsor)
- Receipt of a complete attendee list after the conference

Silver Level – \$15,000

- Includes one premium exhibit booth space and 4 complimentary full conference badges
- Support of Audience Response System or Wifi broadcast
- Complimentary one page insert into meeting bag (content must be provided by sponsor)
- Receipt of a complete attendee list after the conference

Bronze Level – \$10,000

- Includes one premium exhibit booth space and 3 complimentary conference badges
- Support of one coffee break (includes signage)
- Receipt of a complete attendee list after the conference

Exhibitor – \$5,000

- Includes one standard exhibit booth space and 1 complimentary full conference badge

Hotel Keycard Sponsorship – \$5,000
Wifi and Charging Station Sponsorship – \$10,000
Advisory Board time slot – \$10,000
Welcome Reception on Thursday, December 9 – \$10,000
Faculty Dinner on Friday, December 10 – \$5,000
Daily Coffee/Refreshment Breaks – \$3,000 each (all 4 breaks for \$10,000)
SPCS 25 meeting highlights printed and web publication as a non-CME supplement to Grand Rounds in Urology (Includes delivery of requested copies in print and online opt-in delivery) – \$40,000
SPCS 25 meeting highlights webcast (support of selected online lectures) – \$30,000 (non-CME)
SPCS 25 Satellite Symposium highlights printed and web publication as a non-CME supplement to Grand Rounds in Urology – \$30,000
SPCS 25 Satellite Symposium highlights webcast – \$25,000 (non-CME)

* These programs include the cost of audiovisual equipment and food and beverage. All presentations at the **SPCS 25** are the property of the organizer. Any unauthorized reprint, electronic replication or other dissemination of the content of **SPCS 25** 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/Providence: _____ 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 **November 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/>.

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 SCOTTSDALE!***