30th ANNUAL

PERSPECTIVES IN UROLOGY

POINT COUNTERPOINT

EXHIBIT AND SUPPORT PROSPECTUS

October 7-9, 2022

Humphreys Half Moon Inn
San Diego, California

PROGRAM CHAIR
E. David Crawford, MD
Professor of Surgery, Urology
University of California, San Diego
San Diego, CA

Organized by Carden Jennings Publishing Co., Ltd., in partnership with Grand Rounds in Urology
EXHIBIT APPLICATION (Please read and sign page 4):

☐ My company would like to exhibit at the Conference (3 days, one 6-foot table, $5,000).

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. See below for information on individual support opportunities.

☐ Platinum ($35,000)  ☐ Gold ($25,000)  ☐ Silver ($15,000)  ☐ Bronze ($10,000)

Platinum Level – $35,000
• Includes one premium exhibit booth space and 6 complimentary full conference registrations
• Support of one product theater slot (exclusive of speaker expenses and/or honorarium), including food and beverage and AV costs
• Partial support of PCP 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 – $25,000
• Includes one premium exhibit booth space and 5 complimentary full conference registrations
• Support of one product theater slot (exclusive of speaker expenses and/or honorarium), including food and beverage and AV costs
• Support of WiFi and Charging Station
• 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 registrations
• Support of two coffee breaks (includes signage)
• 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 registrations
• Support of one coffee break (includes signage)
• Receipt of a complete attendee list after the conference

☐ Exhibit space (6’ tabletop only) – $5,000 for all three days includes (2) complimentary registrations
☐ One-hour Satellite Symposia* slots (non-CME), Breakfast (2) – $20,000 each; Luncheons (2) – $20,000 each
☐ Plenary Sessions – $20,000 each (includes support for online publication/hosting of online content)
☐ Faculty Dinner – $7,500
☐ Daily Coffee/Refreshment Breaks – $10,000 each (all 4 breaks)
☐ Advisory Board timeslot – $10,000
☐ WiFi and Charging Station Sponsorship – $10,000
☐ Change to Supported on-podium lecture – $10,000
☐ Conference 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) – $50,000
☐ Conference highlights webcast (support of selected online lectures) – $40,000 (non-CME)
☐ Conference Satellite Symposium highlights printed and web publication as a non-CME supplement to Grand Rounds in Urology – $40,000
☐ Conference Satellite Symposium highlights webcast – $20,000 (non-CME)

* Pricing includes costs for meal, room rental, and AV equipment and staff. All presentations at the PCP 30 are the property of the organizer. Any unauthorized reprint, electronic replication or other dissemination of the content of the PCP 30 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


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: __________________________

☐ Visa ☐ MasterCard ☐ American Express

Card #: 

Expiration Date (MM/YY): 

CVV Code: 

Signature: __________________________ Date signed: __________________________

Cancellation Policy: Notification of cancellation of exhibit space must be submitted in writing to Marc Weathersby (email acceptable: marc@cjp.com) prior to September 1, 2022. Cancellations received in writing on or before September 1, 2022, are subject to a $1000 administrative fee. Cancellations received after September 1, 2022, will NOT receive a refund. Paid space unclaimed by 5:00pm on Wednesday, October 5, 2022, may be reposessed without indemnity and reassigned by the PCP 30 Organizers.
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, by 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 SAN DIEGO!