



GRAND ROUNDS IN UROLOGY PRESENTS

IBCU

INTERNATIONAL BLADDER CANCER UPDATES™

**2025 MID-YEAR
EXPERT FORUM™**

July 18-21, 2025

**2025
EXPERT FORUM™**

December 5-7, 2025

SPONSORSHIP APPLICATION

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



IBCU 2025 Mid-Year Expert Forum | July 18-21, 2025

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SPONSORSHIP OPTIONS

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

<input type="checkbox"/> Platinum (\$125,000)	<input type="checkbox"/> Gold (\$75,000)	<input type="checkbox"/> Silver (\$50,000)	<input type="checkbox"/> Bronze (\$25,000)
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We would like to support the Conference as follows.

☐ Support of _____ in the amount of \$ _____

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Platinum Level – \$125,000

- Acknowledgement as an **IBCU Expert Forum** supporter in the attendee handout, onsite signage, and slides
- Acknowledgement as a supporter of the enduring multimedia presentations
- Online multimedia ad and link for 6 months
- Opportunity for a private 45-minute discussion session with the group
- One six-foot tabletop display
- Eight complimentary registration badges
- Ability to submit 6 questions to the faculty
- Receipt of final expert consensus statement report

Gold Level – \$75,000

- Acknowledgement as an **IBCU Expert Forum** supporter in the attendee handout, onsite signage, and slides
- Acknowledgement as a supporter of the enduring multimedia presentations
- Opportunity for a private 30-minute discussion session with the group
- One six-foot tabletop display
- Five complimentary registration badges
- Ability to submit 3 questions to the faculty
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Silver Level – \$50,000

- Acknowledgement as an **IBCU Expert Forum** supporter in the attendee handout, onsite signage, and slides
- Acknowledgement as a supporter of the enduring multimedia presentations
- Opportunity to support a 30-minute meal-time product theater presentation (OPTIONAL)
- One six-foot tabletop display
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Bronze Level – \$25,000

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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: _____

REPRESENTATIVES ATTENDING

Name	Title	Email	Phone

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PAYMENT INFORMATION (please remit payments by June 1, 2025)

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

- ☐ Pay by Credit Card: We will send you a secure link for credit card payment. Do not provide your credit card information with this form. A 5% processing fee will be added to all credit card payments of \$10,000 or above.
- ☐ ACH Payment
- ☐ Check payable to: "Carden Jennings Publishing Co., Ltd." (in US dollars on a US bank) and
Mail to: 485 Hillsdale Drive, Suite 341, Charlottesville, VA 22901. Tax ID Number: 62-1460831
- ☐ Please invoice me

Please forward completed form and payment to:

Marc Weathersby, Chief Commercial Officer
Carden Jennings Publishing Co., Ltd., 485 Hillsdale Drive, Suite 341, Charlottesville, VA 22901
Phone: 434-817-2000 • Fax 434-817-2020 • E-mail: mweathersby@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 Sponsorship 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 JULY!***

Cancellation Policy: Notification of cancellation of sponsorship must be submitted in writing to Marc Weathersby (email acceptable: marc@cjp.com) prior to June 1, 2025. Cancellations received in writing on or before June 1, 2025 are subject to a \$10,000 administrative fee. Cancellations received after June 1, 2025, will NOT receive a refund.

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