

# 2014 Addiction Health Summit

February 27 - March 1, 2014 | Hilton Orlando

## SPONSOR & EXHIBITOR REGISTRATION FORM

**Deadline for Exhibitor Registration: January 31, 2014**

Sponsorships				Opt Out
Sponsor benefits include: <ul style="list-style-type: none"> <li>• Logo or company name displayed on exclusive signage, slide show, event website and program</li> <li>• Full page advertisement in program</li> <li>• Conference registration(s)</li> <li>• Attendee list (excluding email addresses)</li> </ul>				
<input type="checkbox"/>	<b>Awards Banquet Luncheon</b> 2 opportunities	\$5,000	Additional Benefits: <ul style="list-style-type: none"> <li>• Address attendees during banquet</li> <li>• Exhibit table</li> <li>• 4 conference registrations</li> </ul>	<input type="checkbox"/> Full Page Ad
<input type="checkbox"/>	<b>The Anonymous People Movie Reception</b> 2 opportunities	\$3,500	Additional Benefits: <ul style="list-style-type: none"> <li>• Address attendees during reception</li> <li>• Exhibit table</li> <li>• 3 conference registrations</li> </ul>	<input type="checkbox"/> Exhibit Table
<input type="checkbox"/>	<b>Informal Lunch Buffet</b> 2 opportunities	\$3,350	Additional Benefits: <ul style="list-style-type: none"> <li>• Exhibit table</li> <li>• 3 conference registrations</li> </ul>	<input type="checkbox"/> Logo display
<input type="checkbox"/>	<b>Continental Breakfast</b> 3 opportunities	\$3,000	Additional Benefits: <ul style="list-style-type: none"> <li>• Exhibit table</li> <li>• 3 conference registrations</li> </ul>	<input type="checkbox"/> Registration(s) Qty: ____
<input type="checkbox"/>	<b>Refreshment Break</b> 4 opportunities	\$2,500	Additional Benefits: <ul style="list-style-type: none"> <li>• Exhibit table</li> <li>• 2 conference registrations</li> </ul>	
<input type="checkbox"/>	<b>General Sponsor</b>	\$1,500	Additional Benefit: <ul style="list-style-type: none"> <li>• 1 conference registrations</li> </ul>	
Exhibits				
<input type="checkbox"/>	<b>Table-top Exhibit Package</b>	\$2,000	Exhibitor benefits include: <ul style="list-style-type: none"> <li>• 1 exhibit table, 2 chairs and a wastebasket</li> <li>• 1 conference registration</li> <li>• Logo or company name displayed on event website and program</li> <li>• Attendee list (excluding email addresses)</li> </ul>	
<input type="checkbox"/>	<b>Non-Profit Table-top Exhibit Package</b> *Application must be accompanied by a current IRS letter or state issued exemption certificate stating 501(c) (3) status	\$1,000	Exhibitor benefits include: <ul style="list-style-type: none"> <li>• 1 exhibit table, 2 chairs and a wastebasket</li> <li>• 1 conference registration</li> <li>• Logo or company name displayed on event website and program</li> <li>• Attendee list (excluding email addresses)</li> </ul>	
<input type="checkbox"/>	<b>Additional Exhibit Attendee</b>	\$225	<ul style="list-style-type: none"> <li>• 1 conference registration</li> </ul>	

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## SPONSOR & EXHIBITOR REGISTRATION FORM CONTINUED

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Advertisements			
<input type="checkbox"/>	<b>Full Page Program Ad</b>	\$350	• 8.5" W x 11" H color or black and white advertisement in the program
<input type="checkbox"/>	<b>Take One Materials</b>	\$300	• Provide 350-500 brochures, cards, giveaways or other promotional items to be placed on the Take One exhibit table by conference staff

**Enclose check payable to FSAM and mail form to:**

Florida Society of Addiction Medicine, Inc. ~ 301 W. Platt Street, Suite 335 ~ Tampa, Florida 33606

### PLEASE PRINT

Name(s) for Badges: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_ Check here if you require a receipt for your tax purposes. Your Fed. Tax ID: \_\_\_\_\_

\_\_\_ Check if you require electric for your table.