HPSN WORLD 2017
Human Patient Simulation Network Annual Conference
February 28 – March 2, 2017 | Sawgrass Marriott Golf Resort & Spa | Ponte Vedra Beach, FL

Exhibitor/Sponsor Application

Company Name (as it should appear on all marketing materials and program)

Contact Person

Title

Company Address

Suite/Floor

City, State

Zip/Postal Code

Country

Phone

Fax

Email Address

Website

Type of Business:

Please check one: ☐ For Profit ☐ Non-Profit

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EXHIBIT SPACE

<table>
<thead>
<tr>
<th>EXHIBIT SPACE</th>
<th>Early-Bird Rates</th>
<th>Standard Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>8’X 2’ (Non-Profit/Lifestyle Table)</td>
<td>$500</td>
<td>$600</td>
</tr>
<tr>
<td>10’ X 10’</td>
<td>$1850</td>
<td>$2350</td>
</tr>
<tr>
<td>10’ X 20’</td>
<td>$3350</td>
<td>$4250</td>
</tr>
<tr>
<td>Corner table (Add additional $100 to total, only for 10’ x 10’ or 10’ x 20’)</td>
<td>*</td>
<td>**</td>
</tr>
</tbody>
</table>

* Booth numbers will be assigned on a first-come, first-serve basis. Early-bird dates expire 12/1/16.

** Booth assignments and floor plan will be sent out 2 weeks prior to HPSN.

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Attendee Meal/Snack Break Sponsorships

<table>
<thead>
<tr>
<th>Attendee Meal/Snack Break Sponsorships</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast Sponsor</td>
<td>$6,000</td>
</tr>
<tr>
<td>Lunch Sponsor</td>
<td>$10,000</td>
</tr>
<tr>
<td>Refreshment Break</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Email Advertising Sponsorships

<table>
<thead>
<tr>
<th>Email Advertising Sponsorships</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Show Email News Blast</td>
<td>$2,000</td>
</tr>
<tr>
<td>Nightly News Email Blast</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Other Sponsorship Opportunities

<table>
<thead>
<tr>
<th>Other Sponsorship Opportunities</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Lunch and Learn Technical Workshop</td>
<td>$3,000</td>
</tr>
<tr>
<td>Swag Bag Flyer Inserts</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Exhibitor Cancellation Policy:

It is agreed that: (a) If a company cancels its space more than 90 days prior to the meeting, the deposit will be retained. (b) If a company cancels its space less than 90 days prior to the meeting, and the exhibit area is not sold out, 100% of the booth cost will be retained. (c) If a company cancels its space, and the exhibit area is sold out, the deposit will be retained. No refunds will be made until after the meeting.
A high-res company logo and 50 word description must be submitted with this application.

Applicant shall be required to pay a non-refundable sponsorship fee (“Fee”) which reflects the type of sponsorship selected by the Applicant for HPSN World 2017. Applicant must pay fifty percent (50%) of the total Fee upon submission of the application, and the remaining fifty percent (50%) within thirty (30) days of acceptance of the application by CAE Healthcare. All sponsorships are subject to availability and acceptance of the application is at the discretion of CAE Healthcare. Applicant is required to include a logo and description of Applicant’s company (“Company Information”) with the application. CAE Healthcare will not accept any Applications that fail to provide the Company Information.

Once the application has been accepted and the Fee paid, Applicant will be designated as a HPSN World 2017 Sponsor (“Sponsor”).

Each Sponsor grants to CAE Healthcare the worldwide, non-exclusive, royalty-free license to use Sponsor’s logos and trademarks provided to CAE Healthcare for the promotion of the sponsorship. CAE Healthcare reserves the right to make alterations to the HPSN World 2017 at any time without prior notice to the Sponsor.

IN NO EVENT WILL CAE HEALTHCARE’S AGGREGATE CUMULATIVE LIABILITY FOR ANY CLAIM ARISING OUT OF OR RELATED TO THE SPONSORSHIP, WHETHER IN CONTRACT, TORT OR ANY OTHER THEORY OF LIABILITY, EXCEED THE SPONSORSHIP FEE.

Totals

<table>
<thead>
<tr>
<th>Total Due:</th>
<th>$ ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% Exhibitor Fee (due with application)</td>
<td>$ ________________</td>
</tr>
<tr>
<td>50% Sponsorship Fee (due with application)</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Balance:</td>
<td>$ ________________</td>
</tr>
</tbody>
</table>

Method of Payment

Check # __________________________

Make all checks payable to: CAE Healthcare Inc. and include a copy of this application.

Credit Card:  
- American Express
- MasterCard
- Visa

Name ____________________________________________ (as it appears on card)

Card # __________________________________________

Exp Date ________________________________________

Signature ________________________________________ Date __________

For exhibitor information, please contact:
Sylva Sochor at (941) 536-2845
sylva.sochor@cae.com

For sponsorship information, please contact:
Debra Roehl at (941) 536-2850
debra.roehl@cae.com

APPLICATION DELIVERY:
CAE Healthcare
HPSN 2017 Convention EXHIBITS
Sylva Sochor
6300 Edgelake Dr. Sarasota, FL 34240
sylva.sochor@cae.com
Phone: (941) 536-2845

CREDIT CARDS ONLY:
Fax: (941) 379-1663
sylva.sochor@cae.com
Attn: HPSN 2017 Convention EXHIBITS

PLEASE KEEP A COPY OF ALL SUBMITTED MATERIALS FOR YOUR RECORDS