

# 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

#### EXHIBIT SPACE

Early-Bird Rates      Standard Rates

	Early-Bird Rates	Standard Rates
8' X 2' (Non-Profit/Lifestyle Table)	\$500	\$600
10' X 10'	\$1850	\$2350
10' X 20'	\$3350	\$4250
Corner table (Add additional \$100 to total, only for 10' x 10' or 10' x 20')		

- \* **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.**

#### Attendee Meal/Snack Break Sponsorships

Breakfast Sponsor	\$6,000
Lunch Sponsor	\$10,000
Refreshment Break	\$5,000

#### Other Sponsorship Opportunities

Educational Lunch and Learn Technical Workshop	\$3,000
Swag Bag Flyer Inserts	\$1,000

#### Email Advertising Sponsorships

Pre-Show Email News Blast	\$2,000
Nightly News Email Blast	\$2,000

#### 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.

Is there any company you would like to be near? \_\_\_\_\_

Is there any company you do not want to be near? \_\_\_\_\_

**Exhibitors are allotted 2 staff badges free of charge with each 10' x 10' Space. Additional badges are available at a cost of \$50/each**

Booth Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Booth Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Booth Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Booth Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Totals**

Total Due: \$ \_\_\_\_\_

50% Exhibitor Fee (due with application) \$ \_\_\_\_\_

50% Sponsorship Fee (due with application) \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**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 \_\_\_\_\_

**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.

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**