



## UNITING NORTH CAROLINA GASTROENTEROLOGISTS



The North Carolina Society of Gastroenterology would like to extend an opportunity for your company to support and exhibit at our 2019 conference. We are expecting more than 250 physicians and other healthcare clinicians to attend this conference!

This symposium is scheduled for February 16 – 17, 2019 at The Carolina Hotel, Pinehurst Resort in Pinehurst, North Carolina. This conference serves as the primary source of continuing medical education for a large majority of gastroenterologists practicing in the state. The goal of this course is to review current thinking with respect to pathophysiology, management and outcomes of common gastrointestinal diseases. The ASGE will be our educational provider.

If you are interested in providing support for this conference, please contact Jenny Otto at [jotto@meckmed.org](mailto:jotto@meckmed.org) or 704-376-3688. Make checks payable to: **North Carolina Society of Gastroenterology, 1112 Harding Place #200, Charlotte, NC 28204. The tax identification number is 20-8265438.**

***This year there will be assigned spaces in the Sponsor Area. We have also added another sponsorship. Please note changes in Sponsorship option sheet. A diagram is attached.*** A hotel reservation form will follow. If you have any questions, feel free to contact Jenny. Thank you again for your support.

Sincerely,

Sandi Buchanan, Executive Director  
704-376-3688  
704-376-3173 (Fax)  
[sbuchanan@meckmed.org](mailto:sbuchanan@meckmed.org)

Enclosures:  
Exhibitor Opportunities  
Exhibitor Letter of Commitment  
Registration and Payment Form  
Exhibitor Reservation Form  
ASGE Vendor Agreement Form  
Agenda (Draft)

**North Carolina Society of Gastroenterology Annual Conference Center**  
**February 16-17, 2019**  
**The Carolina Hotel, Pinehurst Resort**  
**Pinehurst, North Carolina**

At this statewide conference attendees will have an opportunity to:

- Visit with organizations showcasing their products
- Network with other attendees
- Gain insight to effectively manage gastrointestinal diseases
- Obtain CME credits

***Premier Sponsor - \$10,000***

- Premier exhibit location (***Choice of any location in Sponsor area***)
- Industry exclusivity in sponsorship
- Listing on signage as the only premier supporter in registration area
- Special recognition of support in attendee program materials
- Oral recognition of support
- Up to 8 representatives in attendance

***Platinum Sponsor - \$7,500***

- Platinum exhibit location (***Assigned Platinum spaces***)
- Listing on signage as a Platinum supporter in registration area
- Special recognition of support in attendee program materials
- Oral recognition of support
- Up to 6 representatives in attendance

***Gold Sponsor - \$5,000***

- Gold exhibit location (***Assigned Gold spaces***)
- Oral recognition of support
- Recognition of support on poster
- Recognition of support in attendee program materials
- Up to 4 representatives in attendance

***Silver Sponsor - \$2,500***

- Gold exhibit location (***Assigned Silver spaces***)
- Oral recognition of support
- Recognition of support on poster
- Recognition of support in attendee program materials
- Up to 2 representatives in attendance

**For more information on exhibits, contact Jenny Otto at 704-376-3688 or [jotto@meckmed.org](mailto:jotto@meckmed.org)**

# SPONSOR LETTER OF AGREEMENT/COMMITMENT

## **RETURN ADDRESS**

North Carolina Society of Gastroenterology  
Attention: Jenny Otto  
1112 Harding Place, #200  
Charlotte, NC 28204

## **EXHIBITING INFORMATION:**

**“North Carolina Society of Gastroenterology Annual Conference” at  
The Carolina Hotel in Pinehurst, North Carolina**

**Exhibit Date: Saturday-Sunday, February 16 - 17, 2019**

Exhibit space may be set up on Friday, February 15, 2019 (time TBA)

Each space accommodates two - four representatives and will have one table and up to four chairs. Sponsors may attend the educational sessions for free when not exhibiting. No professional credit will be awarded unless the representative is a paid registrant. **Conference nametags must be worn at all times.**

**MAKE CHECK PAYABLE TO:** North Carolina Society of Gastroenterology,  
Tax ID #20-8265438.

**The completed packet with payment is due in our office by Monday, January 7, 2019.**

## **Cancellations and Refunds:**

No refunds will be issued unless North Carolina Society of Gastroenterology is notified in writing by 5:00 p.m. on **Friday, February 1, 2019**. A 30% cancellation fee will be deducted from the commitment agreement amount if a refund is issued. Any cancellations after this date, we will invoice the company for the FULL committed amount.

I, \_\_\_\_\_, do hereby agree to exhibit at the conference, “North Carolina Society of Gastroenterology Annual Conference” with the above-mentioned stipulations.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Regional Manager Name \_\_\_\_\_

Contact Information: E-mail \_\_\_\_\_

Phone \_\_\_\_\_

## SPONSOR REGISTRATION AND PAYMENT

<b>Course Date(s):</b> February 16-17, 2019	<b>Program Registration Time:</b> 7:00 a.m. <b>Program Time:</b> 8:00 a.m.
<input type="checkbox"/> <b>Premier Sponsor - \$10,000</b>	
<input type="checkbox"/> <b>Platinum Sponsor - \$7,500</b>	
<input type="checkbox"/> <b>Gold Sponsor - \$5,000</b>	
<input type="checkbox"/> <b>Silver Sponsor - \$2,500</b>	
<b>Course Title: North Carolina Society of Gastroenterology Annual Conference</b>	
<b>Sponsor:</b>	
First Name	Middle Initial
Last Name	
Cell Phone	Office Phone
Email	
<b>Company Information:</b>	
Company Name (As you want it to appear in program and signage)	
Company Address (PO Box or Street)	City
State	
Zip	
Phone	Fax
<b>Charge my:</b> Corporate card <input type="checkbox"/> Personal card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/>	
Card # _____	
Exp. Date _____ 3-digit code (on back of card) _____	
Send Receipt to this Email Address: _____	
<b>Authorized Signature</b> _____	
<b>Name as it appears on card</b> _____	
<input type="checkbox"/> <b>Check Enclosed (Make check payable to North Carolina Society of Gastroenterology)</b>	

## SPONSOR RESERVATION FORM

**Course Title:** North Carolina Society of Gastroenterology Annual Conference

**Exhibiting Date:** February 16-17, 2019

**Name of Sponsoring Organization:** \_\_\_\_\_  
(as you want it printed in program and on signage)

Please return this reservation form by Monday, January 7, 2019. Our secure fax number is 704-376-3173.

Exhibits must be in place by Friday, February 15, 2019. The set-up time will be determined at a later date. Exhibits must be taken down no later than Sunday, February 17 by 11:45 a.m.

**Name(s) of Individuals who will be in attendance (complete enclosed registration form, one for each exhibitor in attendance):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please wear your Conference nametags at all times during the conference.**

**Sponsor:**

\_\_\_\_\_ will bring a table-top display (one 6ft x 3ft table with 2 chairs provided)

\_\_\_\_\_ will bring a free-standing display, but will still need a table \_\_\_ yes \_\_\_ no  
(Must not block aisle or extend beyond your designated space)

\_\_\_\_\_ will need a standard electrical outlet (only available if reserved ahead of time)

No pipe and drape or divisions between tables will be provided.

**Please do not affix any banners or signs to walls.**

The North Carolina Society of Gastroenterology cannot receive sponsor materials prior to the start of the conference. The sponsor will be responsible for any unused materials. The North Carolina Society of Gastroenterology will not be responsible for shipping any materials back to sponsor.

All leftover materials will be discarded.