



### EXHIBITOR ARRANGEMENTS

(Form must be typed or printed legibly)

Company name \_\_\_\_\_

Title of CME Activity: Vail OB-GYN 2025

Location of CME Activity: Vail, CO

Date(s): 2/16/2025-2/21/2025

Local Representative contact information:  
(if applicable)

Corporate contact information:  
(if applicable)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

The above company wishes to provide support for the above named continuing medical education activity in the total amount of \_\_\_\_\_ for

**Fees:**

- Bronze Sponsorship** (includes 6 ft. table & one rep): \$3750
- Gold Sponsorship** (includes 6 ft. table, one rep, & attendee email list): \$4000
- Platinum Sponsorship** (includes 6 ft. table, two reps, attendee email list, & introducing Guest Speaker): \$5500
- Additional representatives:** \$500    Quantity: \_\_\_\_\_
- Internet sponsorship:** \$1500
- Breakfast sponsorship** (hosting a 30 minute breakfast talk with a medical professional attendee): \$5000

Total Fees: \_\_\_\_\_

Days to Exhibit:

Monday  Tuesday  Wednesday  Thursday  Friday

Representative(s) planning to attend:

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Arrangements for commercial exhibitors should not influence planning or interfere with the presentation of CME activities. Exhibit placement shall not be a condition of support for this CME activity. No commercial promotional materials shall be displayed in the same room immediately before, during, or immediately after this educational activity. Representatives of commercial supporters may attend the educational activity, but may not engage in sales activities while in the room where the activity takes place. Please complete and return this form to the address below **as soon as possible**:

Arel Neuenschwander at [arel.neuenschwander@cuanschut.edu](mailto:arel.neuenschwander@cuanschut.edu)