

2027 Vail OB-GYN Exhibitor Arrangements

(Form must be typed or printed legibly)

Company name: _____

Title of CME Activity: Vail OB-GYN 2027

Location of CME Activity: Vail, CO

Date(s): 2/14/2027-2/19/2027

Local representative contact information:
(if applicable)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Corporate contact information:
(if applicable)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

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): \$3,750
- ☐ **Silver Sponsorship** (includes 6 ft. table, one rep, & attendee email list): \$4,000
- ☐ **Gold Sponsorship** (includes 6 ft. table, two reps, attendee email list, & prime booth location): \$5,500
- ☐ **Additional representatives:** \$500 **Quantity:** _____
- ☐ **Internet sponsorship:** \$1,500
- ☐ **Breakfast sponsorship** (hosting a 30-minute breakfast talk with a medical professional attendee): \$5,000

Total Fees: _____

Days to Exhibit:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Representative(s) planning to attend:



**VAIL OB-GYN
CONFERENCE**

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@cuanschutz.edu