



# 2016 Emergency Care Conference

## Exhibitor Prospectus and Sponsorship Opportunities

***Ohio's Premier Pre-hospital Conference***

### **Exhibit Dates:**

**Friday, February 26, 2016**

**Saturday, February 27, 2016**

By partnering with  
ITLS Ohio you will  
have the opportunity  
to interact with nearly  
400 emergency medical  
service personnel!



**ITLS**

International Trauma Life Support  
OHIO

**Crowne Plaza  
Columbus North**

Columbus, OH

***Feb. 25 - 28, 2016***

### **Who Attends?**

Pre-hospital and trauma care professionals from Ohio and surrounding states including:

- EMTs and first responders
- Paramedics
- Firefighters

*- New fire track added for 2016!*

- Critical care nurses
- EMS administrators
- Other EMS professionals

***Details Inside!***



***Space is limited!***

**Registration deadline is February 5, 2016**

Questions? Please contact ITLS Ohio by calling (614) 760-1464  
or [www.itraumaohio.org/conference](http://www.itraumaohio.org/conference)

# What is included with your investment?

- One-on-one interaction with nearly 400 emergency medical service personnel
- 75-word company description in conference program
- Skirted 6-foot table and two chairs
- Exhibitor badges for two company representatives  
(Includes: continental breakfast, coffee breaks and lunch on Saturday)
- Complete registrant mailing list
- A link to your Web site posted on the ITLS Ohio Web site, [www.itraumaohio.org](http://www.itraumaohio.org), from the time of your registration through the conference
- Invitation to attend the Saturday evening reception to network



## Crowne Plaza Columbus North

6500 Doubletree Ave  
Columbus, OH 43229  
[www.crowneplaza.com/columbusnorth](http://www.crowneplaza.com/columbusnorth)

Online: [tinyurl.com/2016ECC](http://tinyurl.com/2016ECC)

Group Code: EMC

Phone: 614-885-1885 or  
800-996-8916.

Group Rate Reservation  
Deadline: February 12, 2016

Room Rate: **\$114** (Applicable taxes will apply)

## Exhibit Hall Hours

### Friday, February 26:

7 am - 1 pm: **Exhibitor Set-up**

1 - 6 pm: **Exhibiting Hours**

### Saturday, February 27:

7 am - 5 pm: **Exhibiting Hours**

5 pm: **Exhibitor Tear down**

8 pm: **Networking reception**



## Additional opportunities:

- Provide a marketing piece to be included in all attendee packets
- Sponsor the reception, lunch or snack breaks and have your company logo displayed on signage
- Have your company's logo imprinted on all registration tote bags, portfolios, lanyards or ink pens

*Have another idea? We can work with you to create your own custom package! Speaker and pre-conference sponsorships are just a couple of the additional opportunities that can be arranged!*



ITLS Ohio reserves the right to refuse any exhibitor that is not in accordance with the goals or mission of International Trauma Life Support. Refunds will be made up to January 9, 2016 upon receipt of written request minus a \$150 administrative fee. No refunds will be issued after January 9, 2016. Payment must be included with registration.

# Sponsor & Exhibit Opportunities

**Registration  
Deadline is  
Feb. 5, 2016**

## Sponsorship Opportunities

### Corporate Support Sponsorships:

- \$1600 Platinum** Includes: Two complimentary conference registrations for entire conference (2/26, 2/27 & 2/28), complimentary brochure insert in conference packets. Exhibit Space: 2, 6-foot tables
- \$995 Gold** Includes: One complimentary conference registration for entire conference (2/26, 2/27 & 2/28), complimentary brochure insert in conference packets. Exhibit Space: 1, 6-foot table
- \$875 Silver** Includes: One complimentary conference registration for Saturday conference (2/27), complimentary brochure insert in conference packets. Exhibit Space: 1, 6-foot table

### Event Related Sponsorships:

Includes: Signage at event and announcements

- \$1500** Saturday Evening Social (1 available)
- \$1000** Meal Sponsorship (3 available)
- \$1000** Speaker Sponsorship (multiple available)
- \$500** Break Sponsorship (4 available)
- \$300** Reception Food Sponsorship (multiple available)

### Promotional Sponsorships:

Your company's logo imprinted on promotional items given to every attendee

- ~~**\$2000**~~ Registration Portfolios (taken)
- \$1800** Tote Bags
- ~~**\$900**~~ Lanyards (taken)
- ~~**\$600**~~ Ink Pens (taken)

## Exhibitor Opportunities

### Table Prices

- \$695** One six-foot table
- \$1200** Two six-foot tables

- Registrants will be encouraged to visit all exhibit displays to have the opportunity to win a door prize during the Saturday evening reception. Door prizes are supplied by exhibitors. If you would like to get additional exposure by donating a door prize, let us know!

*Further details along with set-up times will be explained in your confirmation letter, once you register and submit payment to be an exhibitor. You will also receive directions to the hotel and information about shipping packages to the hotel. Exhibits will not be secure outside of scheduled conference hours. Due to limited space, exhibit spaces are table top displays only. Electricity will be available through the Crowne Plaza for a fee of \$50. Please indicate if electricity is needed on the registration form.*

### Brochure Inserts

- \$150** with exhibit display registration
- \$500** without attending conference

*400 inserts must be supplied to the ITLS Ohio office by February 5, 2016 to be inserted in the conference registration packets.*

# Registration Form

## ITLS Ohio Emergency Care Conference

Included with registration is a 75-word company description in the meeting program. Please e-mail description to [llehman@itraumaohio.org](mailto:llehman@itraumaohio.org) by February 5, 2016.

Columbus, Ohio • Exhibit Dates: February 26 - 27, 2016

To guarantee exhibit space or corporate support, complete the following form and return it with payment to:  
ITLS Ohio • 3510 Snouffer Road, Suite 100 • Columbus, Ohio 43235  
Phone (614) 760-1464 • Fax (614) 792-6508 • e-mail: [llehman@itraumaohio.org](mailto:llehman@itraumaohio.org) • [www.itraumaohio.org](http://www.itraumaohio.org)

### General Information: (please print clearly)

Company Name: \_\_\_\_\_  
(as it will appear on promotional materials)

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(all correspondence will be e-mailed to this person)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Web site: \_\_\_\_\_

Exhibitor Representative: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(only applies to exhibition displays)

Exhibitor Representative: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(only applies to exhibition displays)

### Sponsorship Opportunities:

List Amounts Below:

\$\_\_\_\_\_ Corporate Support Sponsorships: ☐ Platinum: \$1600 ☐ Gold: \$995 ☐ Silver: \$875  
Name(s) of Complimentary Registrant(s): \_\_\_\_\_  
(Complimentary Registrants - see description of corporate support levels on page 3)

\$\_\_\_\_\_ Event Related Sponsorships: ☐ Saturday Evening Social: \$1500 ☐ Meal Sponsorship: \$1000  
☐ Speaker Sponsorship: \$1000 ☐ Break Sponsorship: \$500 ☐ Reception Food Sponsorship: \$300

\$\_\_\_\_\_ Promotional Sponsorships: ☐ Portfolios: \$2000 ☐ Tote Bags: \$1800 ☐ Lanyards: \$900 ☐ Ink Pens: \$600  
(taken) (taken) (taken)

### Exhibitor Opportunities:

List Amounts Below:

\$\_\_\_\_\_ Conference Exhibit Package: ☐ \$695 One Table ☐ \$1200 Two Tables ☐ Space is limited. Check here if your display will include a large item (i.e. cot) in place of the second exhibit table. \$1200 fee required.

List any organization(s) not desired in close proximity (every effort will be made to accommodate requests, however no guarantee can be made):  
\_\_\_\_\_

\$\_\_\_\_\_ Exhibit staff in addition to first two representatives will result in an additional fee of \$100 per person.  
Representative 3: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Representative 4: \_\_\_\_\_ E-mail: \_\_\_\_\_

\$\_\_\_\_\_ Brochure Insert: ☐ \$150 with exhibit display ☐ \$500 without exhibiting

\$\_\_\_\_\_ Electricity for Exhibit Display: \$50 (optional)

### Method of Payment: Ohio ACEP's (ITLS Ohio) Tax ID number is 31-0923040

\$\_\_\_\_\_ Total Payment ☐ MC ☐ VISA ☐ AMEX ☐ Check (made payable to **Ohio ACEP**)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature Required: \_\_\_\_\_

### Regulations Acknowledgement & Cancellation Policy:

On behalf of the above-named company, I acknowledge that I have read and agree with the terms of the Exhibitor Rules/Regulations posted on the Ohio ACEP website [www.ohacep.org/exhibitandsupport](http://www.ohacep.org/exhibitandsupport) and that my company will comply. Signature required to secure table/sponsorship:

Authorized by: \_\_\_\_\_ (Name/Title) Date: \_\_\_\_\_

**Cancellation Policy:** Cancellations with a refund, minus a \$150 fee, will be made if notification is received by January 9, 2016. Cancellation requests must be made in writing. No refunds can be issued after January 9, 2016.