

# 2023 SWNC Exhibitor Sponsorship Registration

To register by fax, complete form and fax to 602-845-7966. To register by mail, send to National Kidney Foundation of Arizona at 360 E. Coronado Rd. #180, Phoenix, AZ 85004. Please make check payable to National Kidney Foundation of Arizona. Tax ID# 866052343

Company \_\_\_\_\_

Contact Last Name \_\_\_\_\_

Contact First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

FAX \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

How did you hear about the conference? \_\_\_\_\_

Names of Booth Staff, Maximum 2 (Required prior to event for name badges). \_\_\_\_\_

## SPONSORSHIP OPPORTUNITIES

Title Sponsor	\$30,000	<input type="checkbox"/>
Keynote Symposium	\$25,000	<input type="checkbox"/>
Gold Level Sponsorship	\$10,000	<input type="checkbox"/>
Silver Level Sponsorship	\$5,000	<input type="checkbox"/>
Meet the Faculty Networking Hour	\$5,000	<input type="checkbox"/>
A La Carte Item _____	\$ _____	<input type="checkbox"/>
<b>Total</b>	\$ _____	

## EXHIBIT TABLES

Premium Exhibit*	\$4,000	<input type="checkbox"/>
Standard Exhibit*	\$2,750	<input type="checkbox"/>
Non-Profit Rate*	\$750	<input type="checkbox"/>
Dedicated E-blast	\$1500	<input type="checkbox"/>
Exhibitor Spotlight Session	\$2,000	<input type="checkbox"/>

\*10% Early Bird Discount applied if paid in full by October 3, 2022

### CONDITIONS

**Exhibits:** May not interfere with the activity presentation. Exhibit placement must not be a condition of the support.

**Commercial Activities:** No promotional materials may be displayed in the same room immediately before, during, or immediately after an educational activity.

**Commercial Representatives:** May attend the activity but no promotional behavior is permitted in the same room.

**All other support:** (e.g. distributing brochures, preparing slides) must have full knowledge and approval of the National Kidney Foundation of Arizona. No additional funds from the COMMERCIAL SUPPORTER will be paid to the activity director, faculty, or others involved. There will be no direct commercial support of physicians in attendance.

## Payment Information for Exhibits & Sponsorships

PAYMENT AMEX  VISA  MC  DISCOVER  CHECK  TOTAL \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_