

## 2020 VIRTUAL SPONSORSHIP OPPORTUNITIES



## 32nd ANNUAL FALL FOLIAGE CANCER CONFERENCE

### **UPDATE ON**

## **GENITOURINARY & GASTROINTESTINAL CANCERS**

Friday 12:50PM - 5PM \* Saturday 9AM - 4PM

SPONSORED BY

# 21<sup>ST</sup>CENTURY C.A.R.E.

A Foundation for Cancer Assistance, Research & Education

Due to COVID19 meeting restrictions in North Carolina, we are GOING VIRTUAL

#### 32<sup>nd</sup> Annual Fall Foliage Cancer Conference October 23-24, 2020 VIRTUAL EXHIBITOR/SPONSORSHIP 21<sup>st</sup> Century C.A.R.E.



21<sup>st</sup> Century C.A.R.E. would like to present the following options for the "Virtual" 32<sup>nd</sup> Annual Fall Foliage Cancer Conference. Our Virtual Exhibit Hall has many levels of opportunities to reach our attendees and your target audience.

#### Speaker Sponsor + Gold Level Booth \$5,000

- Guest Speaker Virtual Non-CME Presentation
- Exhibitor Logo
- Exhibitor Weblink
- Introductory Paragraph
- Embedded Video
- Contact Form
- Meeting Scheduler
- External Links

#### Gold Level Booth \$3,000

- Exhibitor Logo
- Exhibitor Weblink
- Introductory Paragraph
- Embedded Video
- Contact Form
- Meeting Scheduler
- External Links

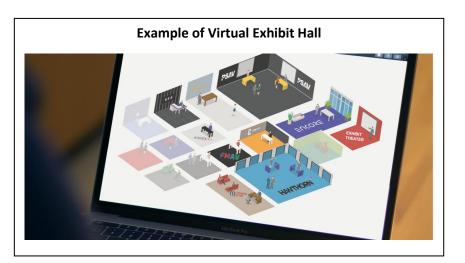
#### Silver Level Booth \$2,000

- Exhibitor Logo
- Exhibitor Weblink
- Introductory Paragraph
- Contact Form

#### Bronze Level Booth \$1,000

- Exhibitor Logo
- Exhibitor Weblink
- Introductory Paragraph

OPTIONAL ADD ON \$500 All Levels Private Virtual Meeting Room





## **VIRTUAL Exhibitor/Sponsorship Opportunities**

- ACT QUICKLY! Virtual exhibit table reservations are available now!
- Payment in full MUST be received no later than Monday, October 5, 2020
- Submission of this form reserves your virtual exhibit table

Contact Email

• All exhibitor and sponsors will be recognized in handout materials and our conference website.

Yes! I would like to sponsor the 21st Century C.A.R.E. Fall Foliage Cancer Conference at the following level:

| Sponsor Level     | FE                          | E                  |                 | Inclu   | udes_ |     | Foundation Contact  |
|-------------------|-----------------------------|--------------------|-----------------|---------|-------|-----|---|
| Speaker Sponso    | or \$!                      | 5,000              |                 |         |       |     | 21st Century C.A.R.E.   |
| • Gues            | st Speaker Virtual          | Non-CME Presentati | on              |         |       |     | (239) 931-7326 ofc  |
| • Exhib           | oitor Logo                  |                    |                 |         |       |     | (239) 938-9399 Fax  |
| • Exhib           | bitor Weblink               |                    |                 |         |       |     | Kathy.Tolentino@21co.com and  |
|                   | ductory Paragrap            | า                  |                 |         |       |     | Lizeth.Luna@21co.com  |
|                   | edded Video                 |                    |                 |         |       |     |   |
|                   | act Form                    |                    |                 |         |       |     | METHOD OF PAYMENT   |
|                   | ting Scheduler              |                    |                 |         |       |     | Make checks payable to:   |
|                   | rnal Links                  |                    |                 |         |       |     | 21 <sup>st</sup> Century C.A.R.E.   |
| Gold Exhibit Boo  | •                           | 3,000              |                 |         |       |     | 2234 Colonial Blvd  |
|                   | bitor Logo<br>Ditor Weblink |                    |                 |         |       |     | Fort Myers FL 33907   |
|                   | ductory Paragrap            | n                  |                 |         |       |     | -   |
|                   | edded Video                 | •                  |                 |         |       |     | To pay by credit card:  |
|                   | act Form                    |                    |                 |         |       |     | call (239) 938-9313   |
|                   | ting Scheduler              |                    |                 |         |       |     | You can also make a secure  |
|                   | rnal Links                  |                    |                 |         |       |     | on-line donation at   |
| Silver Exhibit Bo | -                           | 2,000              |                 |         |       |     | www.21stcenturycare.org   |
|                   | bitor Weblink               |                    |                 |         |       |     | Tax Id: 56-1979671  |
|                   | ductory Paragrap            | 1                  |                 |         |       |     | The foundation is continuing to help  |
|                   | edded Video<br>act Form     |                    |                 |         |       |     | cancer patients. We are thankful to   |
| Bronze Exhibit B  |                             | L,000              |                 |         |       | e   | ach of you for continuing to support the  |
|                   | pitor Logo                  | .,000              |                 |         |       |     | foundation during these challenging   |
|                   | bitor Weblink               |                    |                 |         |       |     | times.  |
|                   | ductory Paragrap            | n                  |                 |         |       | R   | efund Policy: 21st Century C.A.R.E. must receive  |
|                   |                             | eting Room add     | l to your level | + \$500 |       |     | a written cancellation request by October 5, 2020                                       |
| -                 | able all levels             | 0                  | -               |         |       |     | to receive a refund. No refund will be made after<br>October 5, 2020 or for "no shows". |
|                   |                             |                    |                 |         |       | ļ   |   |
| Company Name      |                             |                    |                 |         |       |     |   |
| Contact Name      |                             |                    |                 | Title   |       |     |   |
|                   |                             |                    |                 | THE     |       |     |   |
| Address           |                             |                    |                 |         |       |     |   |
| City              |                             |                    | State           |         |       | Zip |   |

**Contact Phone**