

11th National Medicare Supplement Summit Atlanta June 5-7, 2019 Atlanta Marriott Marquis



*Including the **Free Sales Day For Agents**
Bonus Exposure to Hundreds of Area Agents Who Sell
Medicare Supplement - Medicare Advantage - Senior Insurance*

2019 SPONSORSHIP & EXHIBITOR INFORMATION

Organized by the American Association for Medicare Supplement Insurance, this is the largest gathering of industry leaders who focus on Medigap. Over 700 attendees annually attend - from Medicare insurance agents to company CEOs.

A unique feature of the annual event is the **Free Selling Medicare & Senior Insurance Products Day for Agents**. Hundreds of insurance agents from around the region convene to meet industry experts and walk the conference Exhibit Hall. **FREE ACCESS.**

CHANGES & IMPROVEMENTS FOR 2019

An Additional Half Day for Exhibitors - now 2 1/2 days of time to meet attendees

Dedicated Exhibit Hall Time - specific times when sessions are NOT taking place

Larger booth spaces - nine feet by nine feet per-exhibit space

Limited Speaking Opportunities - part of the Agent Sales Tracks

SEE PAGE 2 FOR REMAINING OPPORTUNITIES

The conference exhibit hall has sold out for the last three conferences ... and with fewer available exhibit spaces, we anticipate another sell out for 2019.

To reserve or ask questions, call Mindy Hartman or Jesse Slome
at the American Association for Medicare Supplement Insurance at **818-597-3205**
- or - E-mail **jslome@medicaresupp.org** **mindy@medicaresupp.org**



Complete conference information can be
accessed 24/7 online at
www.MedicareSupp.org

Click the **CONFERENCE** tab

2019 PLATINUM LEVEL - CONFERENCE SPONSORSHIP

Benefits **Platinum sponsors may have a selected (Prime) exhibit booth location.**
Company logo and link on conference SPONSOR webpage.
PRE-& POST-Conference Attendee Information
Exclusive Discount Code for additional company registrants
Full-page ad in the Conference printed program.

Platinum Sponsorship Options: **\$6,250** **Prime (P) booth location - 4 conference registrations**

2019 GOLD LEVEL - CONFERENCE SPONSORSHIP

Benefit **Gold sponsors may have a selected (Gold) exhibit booth location.**
Company logo and link on conference SPONSOR webpage.
PRE-& POST-Conference Attendee Information
Exclusive Discount Code for additional company registrants
Full-page ad in the Conference printed program.

Gold Sponsorship Options: **\$4,250** **Gold (G) booth location - 4 conference registrations**

2019 CONFERENCE BREAKFAST SPONSOR - Friday (June 7) - 2 Co-Sponsors

Sponsors can give a presentation during the breakfast session -10 Min max (Shared)

Benefits: Ability to speak to all attending the selected breakfast session.
Breakfast sponsor secure remaining Atrium Foyer booth.
Full-page ad in the Conference printed program
PRE- and Post-Conference Attendee Information

Shared Breakfast Sponsor: **\$6,000** **Atrium (P) booth location - 2 conference registrations**

2019 CONFERENCE RECEPTION SPONSOR - Thursday (June 6)

Benefits: Identified as sponsor through signage at event and in printed program.
Reception sponsor secure remaining Atrium Foyer booths
Discount Code for use when registering additional attendees
FREE Full-page ad in the Conference printed program
PRE- and Post-Conference Attendee Information

Reception Sponsor: **\$8,000** **Atrium (P) booth location - 2 conference registrations**

The 2019 Medicare Supplement Industry Summit

- Including the Free Day for Agents - Medicare & Senior Insurance Sales Summit -
June 5-7, 2019 The Marriott Marquis, downtown Atlanta, GA

SPONSORSHIP OR EXHIBIT REGISTRATION FORM

SELECT APPROPRIATE CATEGORY

_____ Sponsorship _____

_____ Exhibitor Only

_____ Other _____

CONTACT INFORMATION

Company Name _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

PREFERRED BOOTH NUMBER - Please select 2 choices

Booths are limited and reserved on a first come basis. The most current Exhibit Hall layout can be found online.
Or, call the Association at 818-597-3205 for information.

First Choice: # _____ Second Choice: # _____

PAYMENT

TOTAL AMOUNT OF PAYMENT \$ _____

Check Make checks payable to "American Association" and mail to address below.

Prefer to pay by Credit Card? An Administrative-handling fee of 3% will be added to the total payment amount due.

Name on Card _____ Signature _____

Billing Address _____ City, State, Zip _____

Credit Card No. _____ Exp. Date _____ CVV Code _____

Request 1099 Tax Form: Call 818-597-3205.

CANCELLATION / REFUND POLICY

Cancellation for all registered exhibitors prior to April 1, 2019 are eligible for a 50% refund of paid funds. Requests for cancellation/refund must be made in writing and delivered by confirmed delivery (FedEx, certified mail) to the Association offices. Email requests are only acceptable when acknowledged receipt has been confirmed. Cancellations after April 1, 2019 or no-shows at the event are not eligible for a refund.

ACKNOWLEDGEMENT OF EXHIBITOR DISPLAY REQUIREMENTS - SHIPPING & A/V

I acknowledge treading the exhibitor information and that only a rear display such as single eight (8) foot wide display will be permitted. I understand and accept that no sidewalls between booths are permitted. Fees charged by the Association do not include costs for inbound and outbound delivery of material nor for additional electrical or audiovisual equipment provided directly from the hotel (FedEx office for material; PSAV for electricity and av).

Signature _____ Date _____

I agree to all terms and guarantee payment in full due to the amount indicated on the registration form. Exhibit spaces are designated on a first-paid basis with preference given to conference sponsors. Exhibitor agrees to select from available spaces or to have a space designated by the conference organizers. Costs for shipments made to and from the hotel are not included and will be paid separately to the vendor. If for any reason the conference must be cancelled, the conference producers are not liable for any costs other than the exhibit fees that are already pre-paid.

PLEASE EMAIL THIS FORM TO mindy@medicaresupp.org

Questions? Call 818-597-3205

or mail form and payment to: American Association, 32504 Carrie Place, Westlake Village, CA 91361