11th National Medicare Supplement Summit

Atlanta June 5-7, 2019

Atlanta Marriott Marquis

Including the Free Sales Day For Agents



includes booth F4

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

THE EXHIBIT HALL IS SOLD OUT - ONLY 2 BOOTHS IN THE FOYER ATRIUM REMAIN

2019 CONFERENCE BREAKFAST SPONSOR - Friday (June 7) includes booth F5

Sponsor can give a presentation during the breakfast session - 20 Min max

Benefits:Ability to speak to all attending the selected breakfast session.
Full-page ad in the Conference printed program
Exclusive Discount Code for additional company registrants
PRE- and Post-Conference Attendee Information

Breakfast Sponsor: \$10,000 Atrium Foyer booth location - 2 conference registrations (Add'l @ \$500 each)

2019 CONFERENCE RECEPTION SPONSOR - Thursday (June 6)

Benefits: Identified as sponsor through signage at event and in printed program. FREE Full-page ad in the Conference printed program Exclusive Discount Code for additional company registrants PRE- and Post-Conference Attendee Information

Reception Sponsor: \$8,500 Atrium Foyer booth location - 2 conference registrations (Add'l @ \$500 each)

2019 GOLD LEVEL - CONFERENCE SPONSORSHIP (No exhibit booth)

Benefita: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 \$3,950 Includes 4 conference registrations / \$3,600 with 3 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 APPRO	PRIATE CATEGORY	Sponsorship	
Exhi	bitor Only	Other	
CONTACT INFOR	RMATION		
Company Name		Contact Name	
Address			
City		_ State Zip	
Phone	E-mail /	Address	
Booths are limited and re Or, call the Association a	TH NUMBER - Please select 2 (served on a first come basis. The most co t 818-597-3205 for information.	urrent Exhibit Hall layout can b	
First Choice: #	Second Choice: #		
PAYMENT			
	ayable to "American Association" and Card? An Administrative-handling fee		tal payment amount due.
Name on Card		Signature	
Billing Address		City, State, Zip _	
Credit Card No Request 1099 Tax Form: Call			CVV Code

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 <u>only</u> a rear display such as single eight (8) foot wide display will be permitted. I understand and accept that <u>no</u> sidewalls between booths are permitted. Fees charged by the Association do <u>not</u> 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