12th National Medicare Supplement Summit

Chicago NW May 13-15, 2020

Renaissance Schaumburg Convention Center Hotel



FINAL SPONSORSHIP OPPORTUNITIES

As of February 1, 2020 all 124 exhibit booth spaces have been reserved.

You can call 818-597-3205 to see if any exhibitors have <u>not</u> paid (thus their space could become available).

The following page contains remaining available options.

The best way to learn more about this event is to call the Association offices at 818-597-3205.

2020 GOLD LEVEL - CONFERENCE SPONSORSHIP

Benefits: Company logo and link on conference SPONSOR webpage

PRE-& POST Medicare Conference Attendee Information (includes emails)

\$100 Discount Code for additional company registrants

Full-page ad in the Conference printed program (Artwork receipt deadline is March 15)

Gold Sponsorship Options: \$2,250 with 2 conference registrants

BREAKFAST SPONSOR - Friday (May 15)

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

Benefits: Ability to speak during breakfast (meals are the only time all attendees are present in one room).

Full-page ad in the Conference printed program **PRE**- and Post-Conference Attendee Information

Shared Sponsor (Max: 2): \$4,000 with 2 conference registrants

RECEPTION SPONSOR - Thursday (May 14)

Benefits: Identified as sponsor through signage at event and in printed program.

Ability to display whatever signage you want at the reception which takes place inside the exhibit hall

Full-page ad in the Conference printed program **PRE**- and Post-Conference Attendee Information

Exclusive Reception Sponsor: \$6,000 with 2 conference registrants

Post Conference Attendee List

Includes list of conference registrants (with Emails) \$1,750.

To reserve your sponsorship, complete and return the Registration Page (see next page)

The 2020 Medicare Supplement Industry Summit

- Including the Free Day for Agents - Medicare & Senior Insurance Sales Summit - May 13-15, 2020 Renaissance Hotel & Convention Center, Schaumburg, IL

SPONSORSHIP REGISTRATION FORM

Sponsorship			
CONTACT INFORMATION			
Company Name	Contact Name		
Address			
City	State Zip _		
Phone	E-mail Address	E-mail Address	
TOTAL AMOUNT OF PAYMEN	IT		
\$ Note: F	For Credit Card Payments Include the 3% or we will	add for you.	
	nerican Association" and mail to address below. If you ree to an Administrative-handling fee of 3% added to the	total payment amount due.	
Name on Card	Signature		
Billing Address	City, State, Zip		
Credit Card No	Exp. Date	CVV Code	
made in writing and delivered by confirme	DLICY or to February 15, 2020 are eligible for a 50% refund of paid functed delivery (FedEx, certified mail) to the Association offices. Cancellations after February 15, 2020 or no-shows at the event	Email requests are only acceptable when	
Signature	Date		
I agree to all terms and guarantee naymen	t in full due to the amount indicated on the registration form. F	Evhihit snaces are designated on a first-naid	

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