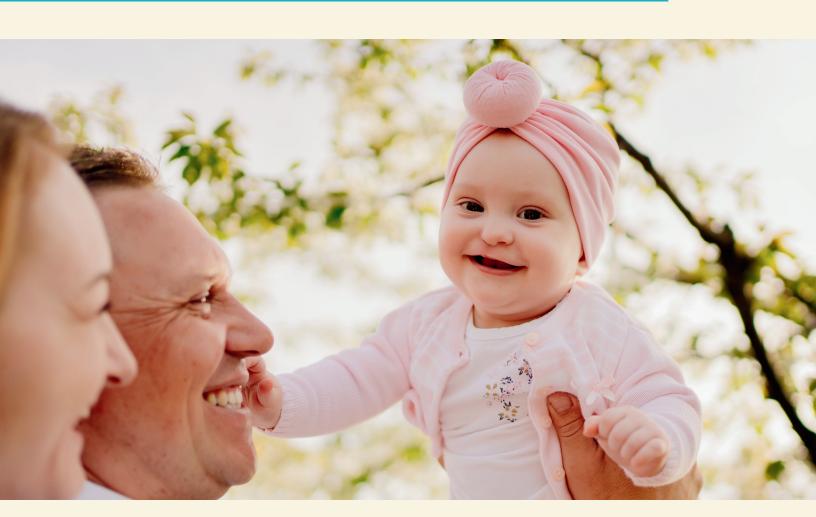
# 2024 Florida Cleft Palate Craniofacial Association Annual Meeting

Saturday, June 22, 2024

## **Exhibitor and Supporter Prospectus**







## **Invitation to Exhibit**

On behalf of course director Rajendra Sawh-Martinez, MD, MHS, FACS, I am writing to request your support as an exhibitor for the upcoming 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting. This program will take place on Saturday, June 22, 2024 at the Gaylord Palms Resort & Convention Center in Kissimmee, Florida. This year our meeting runs concurrently with the 2024 Florida Dental Convention!

The intended audience consists of approximately 100 - 150 clinical providers of patients with cleft and craniofacial abnormalities. This conference will provide exhibitors with a unique opportunity to develop relationships and fulfill marketing and sales goals.

Thank you for supporting this program, and we hope to see you in June. For more information, <u>click here</u> to visit the 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting program website. Please do not hesitate to reach out with any questions.

Thank you,

#### **Celeste Pina**

Education Events Coordinator Nemours Children's Health celeste.pina@nemours.org

## **Venue Information**

The 62nd Annual Meeting of the Florida Cleft Palate - Craniofacial Association will be held Saturday, June 22, 2024, at the 4-star, family-friendly Gaylord Palms Resort & Convention Center in Kissimmee, Florida.

Gaylord Palms Resort and Convention Center 6000 West Osceola Parkway Kissimmee, FL 34746



# **Exhibitor Packages**

### Premium Exhibit: \$3,500

- Priority placement of your company's name on the exhibit acknowledgement sign
- One 6-ft table and chairs\*
- Free conference registration for up to 4 representatives
- Meals and coffee

# Standard Exhibit: \$2,500 Non-Profit Standard Exhibit: \$1,500

- Your company's name on the exhibit acknowledgement sign
- One 6-ft table and chairs\*
- Free conference registration for up to 2 representatives
- Meals and coffee

# **Dedicated Exhibit Hours**

Please note that the exhibit hall is open to participants for the duration of the conference, including dedicated exhibit hours.

| 6:00 a.m 7:00 a.m.   | Exhibitor Set-up   |
|----------------------|--|
| 7:00 a.m 7:45 a.m.   | <b>Exhibit Time</b> Registration and Continental Breakfast |
| 10:30 a.m 10:45 a.m. | <b>Exhibit Time</b> Break                                  |
| 12:00 p.m 1:00 p.m.  | Exhibit Time<br>Lunch                                      |
| 3:05 p.m 3:15 p.m.   | <b>Exhibit Time</b> Break                                  |
| 3:15 p.m 5:00 p.m.   | Exhibit Breakdown  |

Schedule is subject to change.

<sup>\*</sup>Linens are not included but can be requested for an additional fee.

# **Exhibit Rules and Regulations**

Exhibitors agree to hold the Gaylord Palms Resort & Convention Center and Nemours Children's Health harmless from and against any and all claims and damages arising out of exhibitors' negligence or willful misconduct as a result of exhibitors exhibiting at the 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting in Kissimmee, Florida. Exhibitors also agree to abide by policies and regulations of the venue, the Gaylord Palms Resort & Convention Center.

#### **ACCME Guidelines**

No materials promoting the goods and/or services of a commercial entity shall be displayed or distributed in the same room immediately before, during, or after an educational activity certified for credit takes place.

Representatives of commercial companies may attend an educational activity but may not engage in sales activities while in the room where the educational activity takes place.

#### **Giveaways**

Customary descriptive product literature and other items of a modest nature may be distributed. Any giveaway with a value of more than \$25 must be approved by the Florida Cleft Palate - Craniofacial Association Annual Meeting staff. No giveaways of over \$100 will be allowed. No contests, lotteries and/or games of chance allowed.

No additional advertising material, commercial promotion, course/event promotions, solicitation or sales of any kind is permitted in any part of the Florida Dental Convention, other than the designated space assigned.

#### **Booth Assignment**

Booths will be assigned at the discretion of the CME office. Preference will be given to Premium Exhibitors.

#### **Shipping Information**

The Gaylord Palms Resort & Convention Center does not allow for shipment of event materials. If needed, please ship exhibit items to your hotel. Please feel free to reach out to CME coordinator Celeste Pina at <a href="mailto:celeste.pina@nemours.org">celeste.pina@nemours.org</a> if you need assistance.

#### **Subletting Space**

Subletting of exhibit space is prohibited. Sharing of exhibit space is not permitted unless it is within divisions of the same company and approved by the CME office.

#### **Exhibit No-Shows**

A company that reserves booth space and fails to inform the CME office in writing of its plans not to attend automatically forfeits 100% of the total cost of the exhibit space assigned. Exhibiting companies will be considered a no-show if the booth space is unoccupied by 10:00 a.m. on the day they are scheduled to exhibit.

#### **Cancellation Policy**

This agreement may be cancelled no later than May 22, 2024 to the above-mentioned event without penalty upon giving written notice to Celeste Pina at celeste.pina@nemours.org.

Cancellation after this date will result in forfeit of the exhibitor's fee.

# **Supporter Opportunities**

Support the Friday Night Soci<mark>al e</mark>vent or provide a meal at the 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting. Each support opportunity is exclusive to one supporter.

#### Includes:

Recognition in program materials and signage at supported event.

### Friday Night Social Event Supporter: \$2,500

Support for all 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting attendees to attend a Friday Night Social event to be hosted by the supporter at location of their choice on the evening of June 21, 2024.

The supporting company will finalize the Friday Night Social event menu. Food and beverage costs associated with this opportunity are the responsibility of the sponsor, in addition to the fee above.

### **Attendee Breakfast Supporter: \$2,500**

Support for all 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting attendees breakfast on Saturday, June 22, 2024.

### **Attendee Lunch Supporter: \$5,000**

Support for all 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting attendees lunch on Saturday, June 22, 2024.

### **Attendee Break Supporter: \$1,500 each**

Support for one (1) morning or one (1) afternoon coffee break during the 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting on Saturday, June 22, 2024.

### 2024 Florida Cleft Palate - Craniofacial Association Annual Meeting

### **Supporter and Exhibitor Registration Form**

| Company Name      | ::   |                           |  |                   |                  |  |  |
|-------------------|--|---------------------------|--|-------------------|------------------|--|--|
| Contact Name:     |  |                           |  |                   |                  |  |  |
| Phone #:          | #: E-mail:   |                           |  |                   |                  |  |  |
| Select the supp   | orter and/or exhibitor opportunities are exc   | ortunities you            | are interested in below.   |                   |                  |  |  |
|                   | Supporter: Friday Night So   | ocial Event               |  |                   | \$2,500          |  |  |
|                   | Supporter: Attendee Break  | kfast                     |  |                   | \$2,500          |  |  |
|                   | Supporter: Attendee Lunc   | h                         |  |                   | \$5,000          |  |  |
|                   | <b>Supporter</b> : Attendee Breal  | k                         |  |                   | \$1,500          |  |  |
|                   | In-Person Exhibit Booth Premium Exhibit: \$3,500 Standard Exhibit: \$2,500 Non-Profit Standard Exhib | it : \$1,500 ( <i>Cop</i> | by of tax exempt form required   | )                 |                  |  |  |
|                   |  |                           |  | Amount Due        |                  |  |  |
| For In-Person E   | xhibit Booths Only   |                           |  | '                 |                  |  |  |
| Representative    | Name:  |                           | E-mail:  |                   |                  |  |  |
| Representative    | Name:  |                           | E-mail:  |                   |                  |  |  |
| Credit card is pr |  | rith check, you           | <b>pplicable to the credit card.</b><br>u may do so via a <u>trackable</u> mail<br>ddress. | option. Please co | ontact the email |  |  |
| Payment Type:     | Visa Mast  | ercard                    | American Express   | Discover          | Check*           |  |  |
| First Name:       |  |                           | Last Name:   |                   |                  |  |  |
| Street Address 1  |  |                           | Street Address 2:  |                   |                  |  |  |
| City:             |  | State:                    | Zip/Postal Code:   |                   |                  |  |  |
| Credit Card #: _  |  |                           |  |                   |                  |  |  |
| Expiration Date:  |  |                           | CVN:   |                   |                  |  |  |
|                   | the CME office at <u>celeste.pin</u>   | •                         | without penalty prior to Wedne<br>rg. Cancellations after this date v                      |                   |                  |  |  |
|                   |  |                           |  |                   |                  |  |  |
|                   | Signature  | _                         |  | Date              |                  |  |  |

Please email this signed registration form and/or questions to <u>celeste.pina@nemours.org</u>.



# **Contact Information**

Celeste Pina
Education Events Coordinator
Nemours Children's Health
celeste.pina@nemours.org



