



EMERGENCY MEDICINE LEARNING & RESOURCE CENTER

34TH ANNUAL

CLINCON 2008

REGISTER TODAY!

presents

2008 Clinical Conference on Prehospital Emergency Care



Conference Location

The Rosen Centre Hotel · 9840 International Drive
Orlando, FL 32819 · (800) 800-9840 · www.rosencentre.com

Conference Overview

ClinCon 2008 is designed to create an educational experience that will help EMS Personnel provide the highest quality prehospital care to their patients. The time has come for practical, research based clinical street medicine to be practiced by every prehospital care provider.

Who Will Attend

Paramedics, EMT's Firefighters, EMS/Fire Administrators, EMS Medical Directors, EMS Educators, Emergency Physicians, Emergency Physician Assistants, Emergency Nurses, First Responders and other Allied Health Professionals.

More Information

Visit www.emlrc.org or call (800) 766-6335. EMLRC · 3717 South Conway Road · Orlando, FL 32812

Presented by

Emergency Medicine Learning & Resource Center · www.emlrc.org

EXHIBITOR & SPONSOR PROSPECTUS

July 9-12, 2008



EMS MAGAZINE

present the



2008 Bill Shearer
International Advanced & Basic
Life Support Competition
July 9-10, 2008 · www.emlrc.org



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Location of ClinCon 2008

The Rosen Centre Hotel

9840 International Drive · Orlando, FL 32819
Reservations - (800) 800-9840 · www.rosencentre.com
Room Rate: \$132 S/D plus tax. *Mention EMLRC ClinCon 2008.*
Guest Room Reservations Cut-Off Date: Friday, June 13, 2008
Reserve your room early!

Exhibit Hall Dates & Hours

Set-up

Wednesday, July 9th 2:00pm - 4:30pm - Vehicle Move-in
2:00pm - 6:00pm - General Move-in
Thursday, July 10th 8:00am - 10:00am - General Move-in

Exhibits Open

Thursday, July 10th 10:00am - 2:00pm
5:30pm - 7:00pm
ALS/BLS Competition Awards Reception
Friday, July 11th 10:00am - 3:00pm
Saturday, July 12th 9:30am - 11:30am

Dismantle

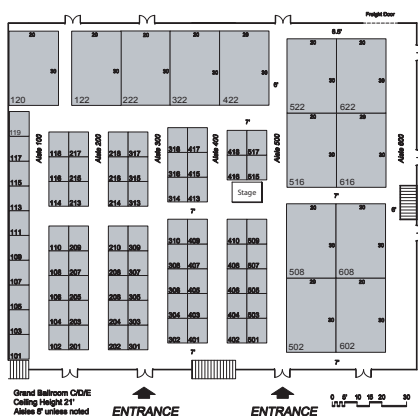
Saturday, July 12th 11:30am - 1:30pm

> Emergency Medicine Learning & Resource Center
3717 South Conway Road, Orlando, FL 32812
800.766.6335 | Fax 407.281.4407 | www.emlrc.org

NONPROFIT
ORGANIZATION
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PAID
PERMIT NO. 2361
ORLANDO, FL

presents

July 9-12, 2008



Assignment of Space

Exhibit space will be assigned upon receipt of completed registration form and registration fee. Application and payment must be received at the EMLRC office by June 20, 2008 to reserve space and to be included in the attendee conference materials. For cancellations an administrative fee of \$75.00 will be retained. Cancellations and refunds will be made if requested in writing to the ClinCon 2008 Conference Registrar.

Exhibitor Kit

ClinCon 2008 Exhibit Contractor is Goblen Convention Services. A service kit will be emailed to each registered exhibitor and will also be available at www.emlrc.org. Myra Murray of Goblen CS can be reached at (407) 240-3348.

Exhibitor Liability

A security guard will be on duty during closed exhibit hall hours, including setup. Exhibiting organizations assume full responsibility for their professional/ personal property and obtaining insurance to protect against lost or stolen items.

ACCME Agreement

I/We agree to abide by all Rules and Regulations listed and which are part of the agreement between my/our company and the Emergency Medicine Learning & Resource Center. I/We also agree to comply with ACCME Standards for Commercial Support. I/We also agree to have no involvement or influence with the content of the CME portion of the conference. You are hereby authorized to reserve space for my/our company for ClinCon 2008

Agreed and Signed by:

Exhibit and Sponsorship Opportunities

- 8'x10' Exhibit Booth \$1000 Includes: 8'x10' carpeted booth with blue/white draped back and side walls, 6' table, 2 chairs, wastebasket, 2 exhibitor badges and a booth identification sign. (80 square feet)
- 20'x30' Vehicle Space \$2000 Includes: 20'x30' vehicle space, **20 Amps Electrical Service**, 6' table, 2 chairs, wastebasket, 2 exhibitor badges and a booth identification sign. (600 square feet)
- ★ Silver Sponsorship \$2000 Includes: Sponsorship recognition (text): conference signage, materials, website, slideshow and badges; Attendee digital mailing list; (4) Representative registrations. *Ask about the Exhibit Booth Special.*
- ★ Gold Sponsorship \$2500 Includes: Sponsorship recognition (logo): conference signage, materials, website, slideshow and badges; Attendee digital mailing list; (6) Representative registrations; and Marketing Resource opportunity. *Ask about the Exhibit Booth Special.*
- ★ Platinum Sponsorship \$4000 Includes: Sponsorship recognition (logo): conference signage, materials, website, slideshow and badges; Attendee digital mailing list; (8) Representative registrations; and Marketing Resource opportunity. *Ask about the Exhibit Booth Special.*
- Marketing Resource \$500 Includes: Opportunity to provide your Marketing Materials to the conference attendees at the Resource Table. *Absentee booth option.*
- Name Badges \$1500 Includes: Corporate logo displayed on all attendee name badges.
- Breaks \$1000 Includes: Signage at all (3) food & beverage breaks held in the exhibit hall recognizing sponsorship.
- Syllabus \$5000 Includes: Recognition of sponsorship on signage and from podium; and Silver Sponsorship.

Exhibit and Sponsorship Registration Form

Organization Name - As to appear on your identification sign

Exhibitor Name(s) - As to appear on your name badge(s)

Address

City, State Zip

Phone Fax Email

Preferred Booth Space - 1st Choice _____ 2nd Choice _____ 3rd Choice _____

_____ Yes! We want to Sponsor the Conference! Our sponsorship(s) checked.
 _____ ★ Platinum - \$4000; ★ Gold - \$2500; ★ Silver - \$2000; Marketing Resource - \$500;
 Name Badges - \$1500; Breaks - \$1000; Syllabus - \$5000
 _____ 8'x10' Exhibit Booth - \$1000; 20'x30' Vehicle Space - \$2000
 _____ \$ 30.00 Additional Representative(s) (2 included with each booth)
 _____ \$ 50.00 Late Fee after June 20, 2008
 _____ \$ Total Fees Enclosed

Fees payable by Visa, Mastercard or Check. Checks payable to EMLRC and mail to 3717 S. Conway Rd. Orlando, FL 32812. Phone: (800) 766-6335 Fax: (407) 281-4407 Federal Tax ID #59-3001777

Credit Card Number: _____

Credit Card Type: [] Visa [] Mastercard

Expiration Date: _____ Cardholder Name: _____

Cardholder Signature: _____