



January 31 - February 2, 2008

The Rosen Centre Hotel
Orlando, FL

**EXHIBITOR
PROSPECTUS**



Overview

The *29th Annual International Disaster Management Conference 2008* has been designed to meet the educational needs of all persons and agencies involved with emergency preparedness, response, and disaster recovery. This year's Planning Committee acknowledges the unique role that the myriad of first responders, response agencies and communities play in planning for, responding to, and mitigating disasters.

Exhibiting Opportunity

- Present your products and services to emergency preparedness, response, and disaster recovery professionals.
- Broaden your contacts and increase your organization's viability in the disaster management industry.

Audience

Over 400 will attend *Disaster 2008* which includes all persons and agencies involved with emergency preparedness, management and response...firefighters, EMS personnel, emergency managers, hospital administrators, physicians, nurses, DMAT personnel, disaster planning coordinators, medical facility administrators, law enforcement officials, search and rescue responders, civil preparedness officials, mass fatality responders, and others who play important roles in critical incidents.

Provided by the

Emergency Medicine Learning & Resource Center



**29th Annual International
Disaster Management Conference**

January 31 - February 2, 2008



Visit www.emlrc.org for more information.

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

NONPROFIT
ORGANIZATION
US POSTAGE
PAID
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ORLANDO, FL

Location of Disaster Management 2008



The Rosen Centre Hotel · 9840 International Drive
Orlando, FL 32819 · (800) 800-9840 · www.rosencentre.com
Room Rate: \$160.00 S/D plus tax · Mention *EMLRC Disaster 2008*
Cut-off date for special room rate: Friday, January 4, 2008

Exhibit Hall Dates & Hours

Set-up

Thursday, January 31st 4:00pm - 6:00pm
Friday, February 1st 7:00am - 10:00am

Exhibits Open

Friday, February 1st 10:00am - 2:30pm
Saturday, February 2nd 10:00am - 3:30pm

Dismantle

Saturday, February 2nd 3:30pm - 5:00pm

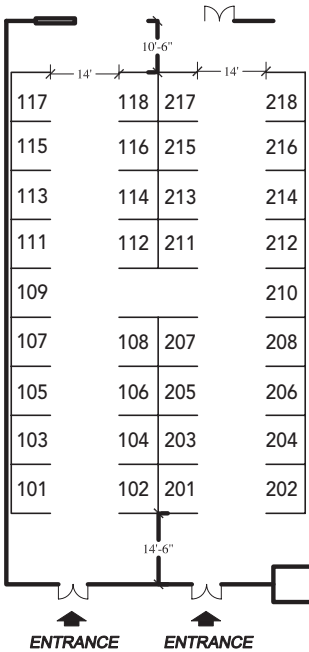
29th Annual International Disaster Management Conference

presents

Preparing Freedom's Lifelines...



January 31 - February 2, 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 January 10, 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 29th Annual International Disaster Management Conference Registrar.

Exhibitor Kit

The 29th Annual International Disaster Management Conference Exhibitor Kit is available at www.emlrc.org/disaster2008.htm. Contact Jerry Cutchens at jcutchens@emlrc.org or 407-281-7396 x15 for additional information.

Exhibitor Liability

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 the 29th Annual International Disaster Management Conference.

Agreed and Signed by: _____

Exhibit and Sponsorship Opportunities

- 8'x10' Exhibit Booth \$800 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.
- ★ Silver Sponsorship \$1250 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 \$1750 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 \$2250 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 (4) 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 - \$2250; ★ Gold - \$1750; ★ Silver - \$1250

_____ Marketing Resource - \$500; Name Badges - \$1500; Breaks - \$1000

_____ Syllabus - \$5000

_____ 8'x10' Exhibit Booth - \$800

_____ \$ 30.00 Additional Representative(s) (2 included with each booth)

_____ \$ 100.00 Late Fee after January 10, 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: _____