

CONTACT INFORMATION

Company Name:

Address

City

State

Zip Code

Telephone

Fax

E-mail

Authorized Signature:

<input type="checkbox"/> 6' Table Top (prior to September 1, 2023)	\$4,000	What do you plan to exhibit?	Companies you prefer not to be placed next to:
<input type="checkbox"/> 6' Table Top (after September 1, 2023)	\$4,500		
		Total Amount Due:	

Additional Marketing & Sponsorship Options

<input type="checkbox"/> Attendee Bags	\$20,000	<input type="checkbox"/> Escalator Branding (top, middle, sides)	\$45,000
<input type="checkbox"/> VIP Faculty Dinner	\$50,000	<input type="checkbox"/> Escalator Landing	\$15,000
<input type="checkbox"/> Lanyards	\$15,000	<input type="checkbox"/> Elevator Landing	\$20,000
<input type="checkbox"/> Enduring Package	\$15,000	<input type="checkbox"/> Wall Frames	\$20,000
<input type="checkbox"/> Advisory Board (2 hours)	\$10,000	<input type="checkbox"/> Speaker Ready Room	\$25,000
<input type="checkbox"/> Advisory Board (3 hours+)	\$15,000	<input type="checkbox"/> Bag Insert	\$4,000
<input type="checkbox"/> Hotel Keycards	\$20,000	<input type="checkbox"/> Poster	\$2,000
<input type="checkbox"/> Refreshment Breaks	\$15,000 per day	<input type="checkbox"/> Nightly News	\$30,000
<input type="checkbox"/> Rotunda Glass Window Frames		<input type="checkbox"/> Abstract Session	\$25,000
<input type="checkbox"/> \$10,000 each	<input type="checkbox"/> \$45,000 for all 5	<input type="checkbox"/> Beach Towels	\$15,000
<input type="checkbox"/> Mobile App	\$10,000		
<input type="checkbox"/> Door Drop	\$6,000		
<input type="checkbox"/> Door Hangers	\$6,000		

RESIDENT SPONSORSHIPS

<input type="checkbox"/> Residents Reception	\$40,000
<input type="checkbox"/> Residents Brunch	\$30,000
<input type="checkbox"/> Residents Summit	\$25,000
<input type="checkbox"/> General Support	\$15,000

PRODUCT THEATER

<input type="checkbox"/> Breakfast Slot	\$50,000
<input type="checkbox"/> Lunch Slot	\$60,000
<input type="checkbox"/> Dinner Slot	\$45,000

Additional Options

<input type="checkbox"/> Lead Retrieval Scanner	\$400
(After January 22nd, 2024, Cost \$450)	
<input type="checkbox"/> Handheld Unit	<input type="checkbox"/> Mobile App (3 Users)

ACCEPTANCE

This agreement is entered between and Tarsus Cardio Inc. This agreement will take effect upon signature. Authorized signer further agrees to abide by all terms and conditions as outlined in the Terms and Conditions. A confirmation email will be sent upon arrival of payment. My signature below indicates that I have read the regulations and agreement terms in the Terms and Conditions.

 Print Name:

 Signature: Date:
FAX COMPLETED FORM TO 561.763.1544
**ATTN: Jenna Ferber 954-682-4203
Jenna@livderm.org**

Payment Authorization Form

Company Name: _____

Payment Information

Card Type:






Cardholder Name:
(as shown on card) _____

Cardholder Number: _____

Expiration Date:
(mm/yy) _____ **CVV:** _____

Total Amount: _____

I, _____, authorize Tarsus Cardio to charge my credit card the amount of \$ _____ for the agreed upon purchases.

Payment Method:



If you are paying by check please mail your checks to Tarsus Cardio.
1801 N. Military Trail, Suite 110, Boca Raton, FL 33431



(Please Call 561.771.6688 for details)

Customer Signature

Date