



PITTSBURGH OPHTHALMOLOGY SOCIETY

59th *Annual* MEETING - MARCH 8, 2024

EXHIBITOR and SPONSORSHIP Opportunities

OMNI WILLIAM PENN HOTEL | 530 William Penn Place | Pittsburgh PA | 15219

SPONSORSHIP OPPORTUNITIES

Contact [Nadine Popovich](#) to discuss the opportunities below or to start a conversation on a potential new engagement you are interested in supporting.

All sponsors receive a single display table (6'), including the items outlined under "Exhibit Opportunities." In addition, you will receive the items identified under each of the following sponsorship opportunities. One sponsor per category will be accepted (unless noted). No split sponsorship.

Feel free to contact Nadine Popovich should you care to discuss at npopovich@acms.org or (412) 321-5030 x 110.

Friday Continental Breakfast

Fee: \$3,500

- Prominent recognition in Physician and Allied brochure and Registration website
- Recognition in welcome and opening remarks of Physician meeting and Allied Personnel Meeting
- **Premium placement Exhibitor Table (single table)**
- Thank You Signage at exhibitor booth acknowledging Friday Breakfast sponsor
- Premier Recognition in POS newsletter, with prominent placement of company name on all digital email reminders sent to members prior to and after meeting.

Friday Morning Break

Fee: \$3,000

- Recognition in Physician and Allied handout, signage, and registration website
- **Prominent placement Exhibitor Table (single table)**
- Thank You Signage at exhibitor booth acknowledging Friday Morning Break sponsor
- Recognition in POS newsletter, POS website, and acknowledgement on follow-up emails to attendees

Friday Luncheon

Fee: \$4,000

- Prominent recognition in Physician and Allied brochure and Registration website
- Recognition in welcome and opening remarks of Physician meeting and Allied Personnel Meeting
- **Premium placement Exhibitor Table (single table)**
- Thank You Signage at exhibitor booth acknowledging Friday Lunch Sponsor
- Prominent Thank you Signage in Physician's area acknowledging Lunch sponsor.
- Premier Recognition in POS newsletter, with prominent placement of company name on all digital email reminders sent to members prior to and after meeting.

Friday Afternoon Break

Fee: \$3,000

- Recognition in Physician and Allied handout, signage, and registration website
- **Prominent placement Exhibitor Table (single table)**
- Thank You Signage at exhibitor booth acknowledging Friday Afternoon Break
- Recognition in POS newsletter, POS website, and acknowledgement on follow-up emails to attendees

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EXHIBIT and SPONSORSHIP AGREEMENT

COMPANY NAME* _____

(Please complete exactly as you would like it to appear on signage)

Contact Person _____

ADDRESS _____

EMAIL _____ PHONE _____

*Company logo may be emailed to Nadine Popovich – npopovich@acms.org

Please list Industry Representatives attending (limit of 2 representatives per table).

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Please indicate from the following:

Exhibit Table Only

Exhibit Table (single) Fee \$1,900

Exhibit Table (double) Fee \$2,500

Equipment - Please indicate the following:

I will not be bringing a piece of equipment

I will be bringing a tabletop display only* (table top equipment or pop up display)

I will be bringing a large "stand alone" piece of equipment and will need space on or beside my exhibit table.*

*If you require power, please indicate (this includes for small devices, laptops, etc);

Yes, I will need power | No, I do not require power

For those needing power: You will receive a form and work directly with an Omni representative to facilitate your request.

Sponsorships (please check the appropriate box)

Friday Continental Breakfast Fee: \$3,500

Friday Morning Break Fee: \$3,000

Friday Luncheon Fee: \$4,000

Friday Afternoon Break Fee: \$3,000

PAYMENT – TO CONFIRM YOUR PARTICIPATION:

- Exhibitor and Sponsorship agreement must be returned by email or mail no later than February 8, 2024.
- Payment must be received by March 1, 2024.

***Availability of sponsorships and exhibit space will be determined on the date that the agreement is received.**

Society Tax ID # 25-6064814

If submitting payment by check, make check payable to: *Pittsburgh Ophthalmology Society*

**Mail payment to: Nadine Popovich, Administrator | Pittsburgh Ophthalmology Society
850 Ridge Avenue | Pittsburgh, PA 15212**

For credit card payments: Contact Nadine Popovich at npopovich@acms.org.

- ✓ An invoice will be prepared to include a secure link for you to process the payment.

Questions: Contact Nadine Popovich, administrator npopovich@acms.org or (412) 321-5030 x 110.

Signature

Date