



BONES of PA, INC. LANCASTER 2011

Hosted by Orthopedic Associates of Lancaster, Ltd.

Lancaster Convention Center, Penn Square, Lancaster, PA

September 21–23, 2011

EXHIBITOR CONTRACT

COMPANY NAME: _____
(Please print as preferred listed on all materials)

CONTACT NAME: _____

COMPANY REPRESENTATIVES (Please print)

Name (1): _____ Email: _____

Name (2): _____ Email: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

EXHIBITOR OPPORTUNITY

- Exhibitor at Conference \$1,000* _____
*Includes 6 ft. Exhibitor Table, 2 chairs, and welcome reception on 9/21/11
from 6:30 pm–8:00 pm (maximum of 2 Representatives per company)*

SERVICES

- Internet (*wireless is available*) \$50 _____
 Electric (*please list additional electrical requirements on a separate sheet*) \$100 _____

RECEPTION & SPONSORSHIP OPPORTUNITIES

Sponsorships include exhibitor booth, signage, announcement, and ad (*as noted*)

- Cocktail Reception (*full page ad*) \$5,000 SOLD
 Annual Meeting Program Brochure (*1/2 page ad*) \$3,000 SOLD

Sponsorships include signage, announcement, and 1/2 or 1/4 page ad (*as noted*)

* With the below sponsorship opportunities, you can secure a vendor booth for a discounted rate of \$500 (based on availability)

- Breakfast (*2 available, 1/2 page ad*) \$2,000 _____
 Refreshment Break (*3 available, 1/4 page ad*) \$1,000 _____
 Lunch (*2 available, 1/2 page ad*) \$1,500 _____
 Give-away item for all attendees (*1 available, 1/2 page ad, logo on item*) \$2,500 _____

GRAND TOTAL: \$ _____

DEADLINE: Registration and sponsorship fees are due by **August 26, 2011**

- Payment is due with your completed form and is NON-REFUNDABLE
- Exhibit space is secured only when both payment and registration is received

PAYMENT: Checks made payable to: BONES of PA, Inc.

MAIL TO: Attn: Bones 2011 – Deb Lutz
c/o Orthopedic Associates of Lancaster
170 North Pointe Blvd.
Lancaster, PA 17601

EMAIL: deb@fixbones.com