



APPLICATION FOR GRANTS & SPONSORSHIPS



2010 TOA/TOF MEETING & SCIENTIFIC SESSION

APRIL 22ND – 24TH, 2010 ~ GREAT WOLF LODGE, GRAPEVINE, TEXAS

SECTION 1: EVENT SPONSORSHIPS

Welcome Reception	\$7,500	SOLD OUT —
Leadership Dinner	\$4,500	SOLD OUT —
Resident Quiz Bowl	\$4,000	\$ _____
Opening General Session	\$3,500	\$ _____
TOA Business Luncheon	\$3,500	\$ _____
TSSM/TOF Business Luncheon	\$3,500	\$ _____
Resident Paper Awards	\$3,000	\$ _____
Resident Housing	\$3,000	\$ _____
Continental Breakfast (2)	\$3,000	\$ _____
Past Presidents' Council	\$3,000	\$ _____
Spouse Event	\$2,500	\$ _____
Refreshment Breaks (4)	\$2,500	\$ _____
Badge Lanyards	\$2,500	\$ _____
Technical Exhibit	\$2,500	\$ _____

SECTION 2: SPONSORSHIP LEVELS (CME GRANTS NOT INCLUDED)

<p>PLATINUM LEVEL - \$6,000 and UP</p> <ul style="list-style-type: none"> Exhibit booth at 2010 Annual Meeting & Scientific Session Table Package (one 6' X 30" skirted table and two side chairs) for your booth Full-page, color insert in TOA 2010 Program Registration of four company representatives during the meeting (badges and ribbons included) Company recognition in two TOA E-Connects (electronic bulletin) during the months of March and April Link from TOA 2010 Annual Meeting site to company's website Acknowledgement at Opening General Session Signage and verbal recognition at sponsored event Recognition in preliminary program Newsletter recognition in post-meeting issue of TOA Orthopaedic E-Connect One meeting attendee mailing list 	<p>GOLD LEVEL - \$4,000 – \$5,999</p> <ul style="list-style-type: none"> Exhibit booth at 2010 Annual Meeting & Scientific Session Table Package (one 6' X 30" skirted table and two side chairs) for your booth Full-page, black and white insert in TOA 2010 Program Registration of two company representatives during the meeting (badges and ribbons included) Company recognition in one TOA E-Connect (electronic bulletin) during the month of April Sponsor listing on TOA 2010 Annual Meeting website Signage and verbal recognition at sponsored event Recognition in preliminary program Newsletter recognition in post-meeting issue of TOA Orthopaedic E-Connect One meeting attendee mailing list
<p>SILVER LEVEL - \$3,000 - \$3,999</p> <ul style="list-style-type: none"> Exhibit booth at 2010 Annual Meeting & Scientific Session Table Package (one 6' X 30" skirted table and two side chairs) for your booth Registration of two company representatives during the meeting (badges and ribbons included) Sponsor listing on TOA 2010 Annual Meeting website Signage and verbal recognition at sponsored event Recognition in final program & post-meeting issue of TOA Orthopaedic E-Connect One meeting attendee mailing list 	<p>TECHNICAL EXHIBIT LEVEL - \$2,500</p> <ul style="list-style-type: none"> Exhibit booth at 2010 Annual Meeting & Scientific Session Table Package (one 6' X 30" skirted table and two side chairs) for your booth Registration of two company representatives during the meeting (badges and ribbons included) Sponsor listing on TOA 2010 Annual Meeting website One meeting attendee mailing list

SECTION 3: COMPANY INFORMATION

Company Name: _____
(as it should appear on signage and printed recognition)

Primary Contact & Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email address: _____

Product or services to be exhibited: _____
(pharmaceutical, equipment, software, etc.)

Name of specific company and/or product near which your company prefers NOT to be located. _____

Name of Attendees for Exhibitor Badges: (Attendees are limited as noted)

1) _____ 2) _____ (Gold, Silver and Technical Exhibits Level - \$10 charge for each additional badge after 2)

3) _____ 4) _____ (Platinum Level ONLY)

FDA STATUS (note: FDA clearance of a product is not required to be considered as an exhibitor)

- The FDA has cleared all pharmaceuticals and/or medical devices submitted for exhibit.
- The FDA has NOT cleared the following submitted for exhibit (please list):
- FDA clearance is not applicable.

Is your product ready for Market? _____

How long has your company been in business? _____

How many people does your company employ full-time? _____

SECTION 4: CONTINUING MEDICAL EDUCATION (CME) GRANTS available in the following subspecialties:

Hip/Knee

Shoulder/Elbow

Foot/Ankle

Spine

Specify Subspecialties: _____ **Grant Amount: \$3,500**

**Please note that due to ACCME changes, restricted and/or unrestricted CME Grants no longer include exhibit space. Contact the TOA Executive office for more information.*

SECTION 5: TERMS AND CONDITIONS

- In exchange for payment in full for the sponsorship, the Texas Orthopaedic Association (TOA) will provide the benefits as outlined on the application.
- In exchange for payment in full for the exhibit(s) contracted by the exhibitor, Texas Orthopaedic Association (TOA) will provide the following for each both: 6'X30" skirted booth, two chairs, and a sign showing the company name. All equipment will be available through the hotel. Exhibitors may provide their own equipment or furnishings. The exhibit hall is carpeted. **Internet charges are to be paid by the exhibitor and set-up through the hotel. All exhibits must be completely set by Thursday evening.** Tear-down begins at 4pm Saturday. Your booth must remain fully staffed, and no displays may be dismantled prior to 4pm Saturday. If an exhibitor chooses to dismantle earlier than 4pm, the TOA staff has the right to fine the exhibitor and/or not allow the exhibitor to participate in future shows.

Continued...

- Although the exhibition area will be locked during closed hours, neither TOA nor the facility assume responsibility for damage to, loss, or theft of property of the exhibitors, the exhibitors' agents, employees, or invitees.
- Payment in full is due at time of application. In the event that you cancel sponsorship or exhibit space, 50 percent of the contracted amount will be refunded to the company if TOA receives notice of cancellation by March 13, 2010. After March 13, 2010, there will be no refund of sponsorship payment. All sponsorships cancellations must be submitted in writing to TOA. No-shows are not eligible for refunds. TOA reserves the right to adjust table top or exhibit space assignments.
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- In the event of failure or inability to fulfill this contract, or to furnish the space, due to fire, strikes, authority of the law, act of God, or any other cause or reason, TOA agrees to return to the sponsor all deposits or other monies paid, and thereupon this agreement shall be deemed canceled by mutual consent, and TOA shall be relieved from all responsibility.
- Sponsor and/or exhibitor agrees to be responsible for his/her own property. Sponsor or exhibitor shall release, hold harmless and indemnify TOA from any and all claims, obligations, liabilities, causes of action, lawsuits, damages and assessments, including legal fees that result from an allegation of negligence on the part of the sponsor or TOA or third parties in the use of the exhibit space or activities in connection with the use of exhibit space.

The undersigned acknowledges receipt of and agrees to abide by the **Exhibit Rules & Regulations** as published by the association which regulations are considered to be part of the agreement between sponsor and Texas Orthopaedic Association (TOA) if this application is accepted by the TOA. Acceptance of this application as an agreement between the sponsor and TOA will occur when signed by a TOA representative. TOA does not guarantee the number of attendees. It is understood that all sponsorship agreements are subject to review by the Board of Directors. It is agreed that disapproval of an exhibit by the Board of Directors will result in termination of the agreement without penalty to either party. All claims or suits arising out of the application's acceptance or rejection shall be governed by the laws of the State of Texas, and any obligations arising out of the application's acceptance or rejection shall be considered as occurring in Travis County, Texas.

SECTION 6: PAYMENT INFORMATION

Enclosed is a check made payable to Texas Orthopaedic Association for amount \$ _____ , OR

I authorize TOA to charge to my credit card: \$ _____ Visa MasterCard

Card #: _____ - _____ - _____ - _____ Exp. Date: _____

Cardholder: _____

Authorized Signature: _____ **Date:** _____

Title: _____ Company: _____

Please photocopy this form for your records and send the original with payment to the Texas Orthopaedic Association at 401 West 15th Street, Ste. 820, Austin, TX 78701. Other communications and/or questions may be addressed to TOA Executive Staff at 512-370-1505 or info@toa.org.