



WAPMU 6th Annual Meeting & Workshop Exhibitor Prospectus



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February 15-16, 2020

Miami, Florida U.S.A.

The Hyatt Regency- Coral Gables

EXHIBIT

DATES & HOURS*

SET-UP

Friday, February 14, 2020

4:00 P.M. - 9:00 P.M.

And/or

Saturday, February 15, 2020

6:00 A.M. – 7:30 A.M.

SHOW HOURS

Saturday, February 15, 2020

7:30 A.M. - 5:00 P.M.

Networking Reception 6:00 P.M. - 8:00 P.M.

Sunday, February 16, 2020

6:30 A.M. - 1:00 P.M.

TEAR DOWN

Sunday, February 16, 2020

1:30 P.M. - 3:00 P.M.

*Hours subject to change

HOTEL ACCOMMODATIONS

WAPMU will have a room block located at The Hyatt Regency- Coral Gables available at a discounted rate. Relaxed accommodations with access to the pool. Multiple restaurants within walking distance. Exhibitors are welcome to choose their own accommodations.

ABOUT

WAPMU is a multidisciplinary educational not-for-profit medical association conducting practical CME accredited courses and striving to provide evidence-based approaches in procedural anatomy and interventional techniques related to the treatment of chronic pain. The WAPMU has over 2650 members in the fields of anesthesiology, PM&R, rheumatology, neurology, radiology and orthopedics.

Annual Meeting Topics:

- Peripheral Nerve Stimulation
- Neuromodulation
- Minimally Invasive Spine Techniques
- Denervation- RFA/Cryoablation
- Orthobiologics/ Regenerative Medicine
- Advanced Head and Neck Procedures/ Botulinum Toxin
- Innovations in Pain Medicine
- Ultrasound Guided Interventions

ATTENDANCE

Projected attendance for the WAPMU Annual Meeting & Workshop includes an anticipated 200+ plus pain management specialist including anesthesiologists, orthopedics, physiatrists, neurologists, surgeons, general practitioners, physician assistants, nurse practitioners, nurses, therapists and healthcare professionals. We anticipate that the majority of our attendees will be from North America, with additional representation from South America, United Kingdom, Europe and Asia.

Exhibit Information

LOCATION

The Hyatt Regency located in Coral Gables/ Miami, FL. USA will host the entire program. To encourage optimum interaction, the Exhibit Hall will be located within the hotel with close proximity to general sessions and within the guidelines of ACCME rules. The Exhibit Hall will serve as the venue for continental breakfasts, lunch and all refreshment breaks.

MAILING/EMAIL LIST

Each registered exhibitor will receive a pre-registration list approximately 15 days before the meeting and a final registration list within 3 days after the meeting.

EXHIBIT & PARTICIPATION IN WORKSHOPS COST:

Tabletop Exhibit and Company Product exclusive cadaver station which includes:

- 6' table (2) chairs in prime location in exhibit hall. Pop- up banners will be allowed
- (4) Complimentary representative badges
- Dedicated Cadaver station utilizing Company Product/Procedure
- Participation in the Networking Reception on Saturday February 15, 2020.

TOTAL COST: \$5,500.00

EXHIBIT ONLY COST:

Tabletop Exhibit which includes:

- 6' table (2) chairs - YOUR DISPLAY MUST FIT ON A 6-Foot TABLETOP. Pop-up banners will be allowed
- Complimentary representative badges
- Participation in the Networking Reception on Saturday February 15, 2020.

TOTAL COST: \$1,800.00

****Additional Opportunities Listed Below**

Contact Scot Sarver- ssarver@wapmu.org

SPACE ASSIGNMENT

Space will be assigned in the order in which booking forms are received. Applications received after January 1, 2020 will be on a space available basis. Exhibitors wishing to avoid assignment of space adjacent to a particular competitor should indicate this on their application.

*The Program Committee reserves the right to alter the Floor Plan at any time without prior notice.

REFUNDS AND CANCELLATIONS

Cancellations received in writing by January 1, 2020 will be subject to a 25% administrative fee. There will be no refunds for cancellations received after January 1, 2020.

SHIPPING INFORMATION

Shipments should be made through the Hyatt regency Coral Gables. Shipping instructions will be included once booking is confirmed. WAPMU will not be responsible for receiving any shipments.

EXHIBITOR LISTING IN FINAL PROGRAM

Upon receipt of the booking form, you will be asked to send a 50-word Exhibitor Company/Product profile. This will be published in the list of exhibitors in the Program. Failure to provide the profile by the deadline will preclude your company from being listed in the Program. Profiles are due on or before January 15, 2020.

ADDITIONAL OPPORTUNITIES

PLATINUM SUPPORTER(ONLY 1 AVAILABLE)

\$20,000

Designation included on all print materials and highlighted on website

One (1) Tabletop Exhibit Display (prime location)

One (1) Exclusive supporter designation of company product at cadaver station

Two (2) additional complimentary registrations for a total of four (4) registrations

One (1) Pre & Post Registration Mailing List

One (1) Platinum Supporter Showcase Luncheon time slot with 60-minute Presentation (No CME provided). Saturday, February 15 (12:00 – 1:00 p.m.) The time slot includes separate presentation room, standard audiovisual, lunch food & beverage.

Full Page Advertisement in Final Program

Company-Provided Product Flyer in Annual Meeting Conference Materials

Website link at www.wapmu.org

GOLD SUPPORTER (ONLY 1 AVAILABLE)

\$15,000

Membership Designation included on all print materials and highlighted on website

One (1) Tabletop Exhibit Display (prime location)

One (1) Exclusive supporter designation of company product at cadaver station

Two (2) additional complimentary registrations for a total of four (4) registrations

One (1) Pre & Post Registration Mailing List

One (1) Exclusive supporter designation at Networking Reception on Saturday, February 15 (6:00-8:00 p.m.)

Full Page Advertisement in Final Program

Company-Provided Product Flyer in Annual Meeting Conference Materials

Website link at www.wapmu.org

SILVER SUPPORTER (Only 1 Available)**\$10,000**

Designation included on all print materials and highlighted on website
One (1) Tabletop Exhibit Display. (prime location)
One (1) Exclusive supporter designation of company product at cadaver station
Company Sponsored Internet Connection with Personalized Password
Two (2) additional complimentary registrations for a total of four (4) registrations
One (1) Pre & Post Registration Mailing List
One (1) Exclusive supporter designation of company product at cadaver station
Full Page Advertisement in Final Program
Company-Provided Product Flyer in Annual Meeting Conference Materials
Website link at www.wapmu.org

CONFERENCE BAGS**\$3,000**

Distributed to all attendees. Your company logo along with WAPMU's Logo is imprinted on bag. You may include One (1) Company/product flyer in the bag

Final program advertising

Full Page	\$750
Half Page	\$500
Inside Front Cover or Back Cover	\$1000

Promotional Material**\$500**

Distributed to all attendees. Company-provided Product Flyer in the annual Meeting conference Materials.

FINAL PROGRAM USB ZIP DRIVES**\$2500**

Distributed to Attendees with full program lectures. WAPMU provides 4GB USB Zip Drives with Company Logo at Company's discretion.

**FOR MORE INFORMATION ON EXHIBITION AND MARKETING
OPPORTUNITIES PLEASE CONTACT:**

Scot Sarver at 978-430-7747, ssarver@wapmu.org

APPLICATION FOR EXHIBIT/SPONSORSHIP

The World Academy of Pain Medicine Ultrasonography
February 15-16, 2020 in Coral Gables/Miami, Florida USA

EMAIL TO: ssarver@wapmu.org

Company Name: _____

Exhibit Coordinator: _____ Email: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Please check one option:

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EXHIBIT & PARTICIPATION IN WORKSHOPS- \$5,500.00

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EXHIBIT ONLY - \$1,800.00

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PLATINUM- \$20,000.00

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GOLD- \$15,000.00

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SILVER- \$10,000.00

TOTAL AMOUNT: _____

[] Enclosed is \$ _____ Check #: _____

Please make checks payable to WAPMU and mail to WAPMU, 153 Main Street, #209, North Reading, MA 01864

[] Please pay by Credit Card

Circle ONE: American Express VISA MasterCard

CC# _____ - _____ - _____ - _____ Expire Date: _____

Sec. Code: _____

Name as it appears on Card: _____

Address associated with Credit Card: _____

City _____ State _____ Postal Code: _____

SIGNATURE: _____ DATE: _____