

# ***The Arkansas Society of Otolaryngology Head & Neck Surgery Conference***

## **2024 Exhibitor Information**

November 8-10, 2024

The Ledger

240 S. Main Street, Bentonville, AR 72712

This course is designed to present current information on the diagnosis and management of selected diseases commonly seen by Arkansas otolaryngologists

### **Exhibit Costs:**

In order to exhibit at this event, please choose from one of the levels below.

Gold Level - \$4,000

- Company logo on conference website as Gold Patron
- Company logo on signage throughout the activity
- Complimentary registration for (4) company representatives
- One 4 ft. exhibit table
- Extra 4 ft table available at no charge

Silver Level - \$2,000

- Company name on conference website noted as a Silver Patron
- Company name on signage throughout the activity
- Complimentary registration for (3) company representatives
- Assigned placement in exhibit hall
- One 4 ft. exhibit table
- Extra 4 ft table available at no charge

Bronze Level - \$1,000

- Company name on conference website noted as a Bronze Patron
- Company name on signage throughout the activity
- Complimentary registration for (2) company representatives
- Assigned placement in exhibit hall
- One 4 ft. exhibit table
- Extra 4 ft table available at no charge

Additional Exhibitor Support (Package Add-ons to Silver or Gold Levels)

### **Cocktail Reception-Friday Evening or Dinner Saturday Night**

Sponsor the Welcoming Reception Friday Night or the Dinner on Saturday Night. Signs will be displayed at the Reception.

Exclusive Sponsorship \$3,000 or Shared Sponsorship \$1,500

**EXHIBIT REGISTRATION FORM**

ACTIVITY TITLE: The Arkansas Society of Otolaryngology Head & Neck Surgery

DATE: November 8-10, 2024

ACTIVITY LOCATION: The Ledger  
240 S. Main Street, Bentonville, AR 72712

EXHIBIT FEE: \_\_\_\_\_ (See available sponsorship levels)

EXHIBITOR INFORMATION – Please list company name exactly as it should appear in the official program.

COMPANY NAME:

EXHIBIT CONTACT NAME:

ADDRESS:

CITY:

STATE:

POSTAL CODE:

CONTACT PHONE:

CONTACT E-MAIL:

List your designated attendee(s) so they will be registered for the conference.

**(Please refer to the sponsorship levels listed above for number of representatives)**

Exhibitor staff name, title:

Exhibitor staff name, title:

Exhibitor staff name, title:

Exhibitor staff name, title:

Description of Product/Service Displayed:

**Space Requirements:**

Will your exhibit require electrical service? \_\_\_\_ Yes \_\_\_\_ No

Do you have any other special requirements? (extra fees may apply) \_\_\_\_\_ Yes \_\_\_\_\_ No

The Exhibit Space Fee is payment for the following: Extra table available at no charge.

- 4 ft table.
- Breakfast and breaks each day for Company representatives (served during the Event)
- Formal recognition will be given during the meeting, in the final program and posted in Event space.

If you will require additional electrical supplies, such as power cords or surge protectors, there will be an additional charge.

If you are interested in participating, please fill out the form and return via email to ([bospeed@uams.edu](mailto:bospeed@uams.edu)).