



Vendor Participation Form

NHMI's 19th Annual Orthopaedic Winter Meeting

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I, _____, of _____ (or my representative)...

Choose one:

_____ will attend the 19th Annual NHMI Orthopaedic Winter Meeting to be held January 25-26, 2019, for the purpose of displaying my products. Enclosed, please find my check (indicate amount by circling below) to reserve my exhibit table.

_____ will not attend the meeting, but wish to be a sponsor. Enclosed please find my check for (specify amount) _____. I understand the my company's logo will be included in Winter Meeting publicity.

<p>Gold Sponsor (Includes exhibit table, recognition in the program brochure/signage as a special event sponsor, recognition on NHMI web page with link to sponsor web page.)</p>	\$5,000
<p>Silver Sponsor (Includes exhibit table, recognition in the program brochure/signage, recognition on NHMI web page.)</p>	\$3,500
<p>Exhibitor (Includes exhibit table and recognition in the program brochure/signage. Half table shares - \$1000 - may be available.)</p>	\$2,000

PLEASE RETURN THIS FORM ALONG WITH YOUR DIGITAL LOGO AND SPONSORSHIP CHECK BY AUGUST 31, 2018. Make checks payable to NHMI, TIN: 02-0471046. Contact Sandy Snow at sandy@nhmi.net or 603-627-9728 to pay by credit card.

_____ I do not wish to be a sponsor the 19th Annual NHMI Orthopaedic Winter Meeting.

THANK YOU!