



CHINESE AMERICAN MEDICAL SOCIETY



- Diamond Sponsor \$15,000
- Program Exhibitor \$4,000 (Day and Evening sessions)
- Event Exhibitor \$2,000 (Day Session only)

Please note that each exhibition table is 6' wide and 3' deep. Booth spaces are limited. Preferred booth spaces are reserved for Diamond sponsors. All other booths will be assigned at random. Booth assignments will be given out no earlier than Friday November 9, 2012.

Organization Name: _____

Please designate below the name of the individual in your organization who is to receive all relevant exhibition material, including booth confirmation and exhibitor updates. Please provide an address where materials related to the event may be sent to the designated representative.

Exhibit Representative/ Contact Person: _____

Address: _____

City, State, Zip _____

Telephone: _____ **Fax:** _____

Email: _____

**Exhibits may be installed at the Conference Center on
Friday November 9, 2012 from 2:00 PM to 6:00 PM or Saturday November 10, 2012 at 7:30 AM.**

All exhibition shipments should be sent directly to the meeting site and *must* be marked with:

- 1) Your Organization's Name
- 2) The Exhibit Representative/Contact Person's Name
- 3) CAMS Conference 11/10/2012: ATTN: Sara Gonzalez

The **address for shipment** is:

*Bank of America Conference Center
North Tower, 4 World Financial Center
250 Vesey Street
New York, NY 10080*

Please Contact Sara Gonzalez at the Conference Center if you have any questions at 212.449.3895.

All applications must be signed in order to confirm booth reservations.

I understand and agree the terms of exhibition space sponsorship at the CAMS 2012 Annual Conference to be held on Saturday November 10, 2012-Sunday November 11, 2012.

Signature of Representative	Print Name	Date
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PAYMENT INFORMATION

- I will pay by Check. Please make all checks out to Chinese American Medical Society
- I will pay by Credit Card

- Visa Master Card Discover Card American Express

Please Print The Card Number: _____

Card Expiration Date (MO/YR): _____ **Security Code:** _____

Billing Zip Code: _____

Authorized Signature: _____

**Return this completed application with your payment to:
CAMS Re: Event Exhibitor, 41 Elizabeth St., Suite 600, New York, NY 10013**

DEADLINE FOR ALL EXHIBITOR SUBMISSIONS IS FRIDAY October 1, 2012.