



Contract Application

Company Name		
Contact Name		
Contact Email		
Company Website		
Company Description (for inclusion in conf	erence materials) 75 words or less:	
Conference Logistics Contact Name		
Email		
Additional Attendees* (limited to 3 per stan	dard booth)	
Name	Title	Shirt Size
Email	Cell	
Name	Title	Shirt Size
Email		
Name		
Email	Cell	

*For sponsorship opportunities with additional attendee badges, a member of the Vital Care team will reach out to gather contact information.

Please attach a high-resolution image or vector file of your company logo with your application.

The total for your exhibiting options is due at the time of registration. Deadline to register is September 1, 2024. Checks should be made payable to Vital Care Infusion Services. Attn: Sherry Chaney 1170 NE Industrial Park Blvd. Meridian, MS 39301.



Sponsorship Application

Company Name		
Contact Name		
Address		
City	State	Zip
Phone	Fax	
Email		
Please indicate your exhibit c		
Additional Badges \$350 X	# of Attendees	
Platinum Sponsorship \$17,	500 Limited to 3	
Gold Sponsorship \$12,500	Limited to 6	
Silver Sponsorship \$7,500	Limited to 10	
Welcome Reception Spons	orship \$10,000 Limited to 1	
Keynote Presentation Spon	nsorship \$10,000 Limited to 2	
Pre-Conference Workshop	\$7,500 Limited to 6	
Executive Reception with S	ponsors \$5,000 Limited to 1	
Breakfast Sponsorship \$5,0	DOO Limited to 2	
Lunch Sponsorship \$5,000	Limited to 2	
Break Sponsorship \$5,000	Limited to 4	
Lanyard Sponsorship \$3,00	10 Limited to 1	
Exhibitor Bingo Sponsorshi	p \$3,000 Limited to 4	
Hotel Key Sponsorship \$3,0	300 Limited to 1	
Booth Space \$2,500 (Not app	plicable with platinum, gold, silver, welco	me reception, or sterile compounding spotlight opportunities)
Wifi Sponsorship \$2,500		
Headshot Studio Sponsors	hip \$2,500	
Walk of Fame Sponsorship	\$2,500	
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Check here if you would like to pay by credit card. A member of the Vital Care Team will reach out to assist with the processing.