Massachusetts Association of Cardiovascular & Pulmonary Rehabilitation

Sponsorship Participation Form

MACVPR Half-Day Meeting

Thursday May 3, 2018
Hampton Inn 319 Speen St Natick, Ma 01760

Company Name: _____

Address: _____

_____

Contact Person: _____

Phone: _____ Email: _____

Yes! We would like to participate as indicated below:

_____ **Gold Level Sponsor:** **$ 1,000 and above** (There is only one sponsor at this level)

_____ **Bronze Level Sponsor:** **$ 750**

_____ **Exhibitor Level Sponsor:** **$500**

Need electricity? □ No □ Yes: _ amps 1 outlet (120v/ 20 amp) is included;
(vendors will be responsible for specific plug adapters to match available electrical outlets)

Set up: □ Thursday, May 3rd, 8:00 am - 8:30 am (or earlier if needed)

Vendor opportunities (Tentative)

□ 8:00 – 8:30 am during registration (many members arrive early)
□ 9:45 – 10:00 am
□ 11:00 – 11:15 am

Break down: Last speaker ends at 1:00pm. You can break down after the last scheduled vendor opportunity or you may want to stay until the end of the meeting. It is up to you!

Payment is due by Friday, **April 27nd**. Please make checks payable to:
Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR)
ATTN: Donna Hawk
44 Park Circle
Westfield, MA 01085-3411

Please complete this form and email to admin@macvpr.org
Thank You for your support!