

EXHIBITOR PROMOTIONAL OPPORTUNITIES



The 20th annual Peripheral Angioplasty and All That Jazz (ATJ) offers numerous opportunities for registered exhibitors to catch the attention of participants. There are also opportunities to meet with and educate attendees directly. Listed below are a number of ways to supplement your exhibitor experience and enhance your exposure. To order now, complete the enclosed forms.

If you have any questions, or require assistance please feel free to contact Vicky Kei of Complete Conference Management at 305-279-2263 or via e-mail at vkei@ccmcme.com.

www.allthatjazz.org

ATJ Product Advertisements

ATJ product advertisements are full color, double-sided pages dedicated to the same product or family of products. Advertisements will be featured prominently in the ATJ course materials book given to every attendee. The durable spiral-bound book serves as a valuable guide to all aspects of ATJ.

Promotional E-mail Blast to the ATJ Audience

Registered exhibitors may take advantage of the opportunity to speak directly to their target audience through a promotional e-mail blast sent via the management office to the ATJ pre-registered list AND all past and prospective attendees. Exhibitors will need to provide blast content in HTML format.

Host an Educational Session and/or Social Event

Interested companies are invited to present an educational session and/or host a social event to enhance the ATJ learning experience and inform attendees about the latest product information. Promotional assistance will be provided to encourage maximum attendance. Sessions and/or social events must be approved and will be granted on a first-come, first-served basis. Meeting rooms designated for sessions and events will accommodate a minimum of 100 attendees, based on availability. Logistical planning and event expenses are the responsibility of the presenting company.

Submit Order Forms To:

Vicky Kei
Complete Conference Management
11440 North Kendall Drive
Suite 306
Miami, FL 33176
Toll-free: 888-334-7495
Phone: 305-279-2263
Fax: 305-279-8221
E-mail: vkei@ccmcme.com

ORDER FORMS>>

EDUCATIONAL SESSION & SOCIAL EVENT REQUEST FORM

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Deadline: September 30 2011

Companies that have supported ATJ with an educational grant of \$10,000 or more have the opportunity to present an educational session or host a social event that will enhance the ATJ experience and inform attendees about the latest product information. Sessions will not be part of the accredited ATJ course program or represented as such.

SESSION FEES (Session fees include meeting space and promotional assistance)

Breakfast	\$5,000
Lunch	\$10,000
Evening	\$10,000

SESSION TYPE

First choice of session to reserve (please select only one):

- Monday, October 31, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Monday, October 31, (12:00 PM - 1:00 PM): Educational Lunch Session
- Tuesday, November 1, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Tuesday, November 1, (12:00 PM - 1:00 PM): Educational Lunch Session
- Tuesday, November 1, (6:00 PM - 9:00 PM): Evening Session or Social Event
- Wednesday, November 2, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Wednesday, November 2, (12:00 PM - 1:00 PM): Educational Lunch Session

Second choice of session to reserve (please select only one):

- Monday, October 31, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Monday, October 31, (12:00 PM - 1:00 PM): Educational Lunch Session
- Tuesday, November 1, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Tuesday, November 1, (12:00 PM - 1:00 PM): Educational Lunch Session
- Tuesday, November 1, (6:00 PM - 9:00 PM): Evening Session or Social Event
- Wednesday, November 2, (7:00 AM - 8:00 AM): Educational Breakfast Session
- Wednesday, November 2, (12:00 PM - 1:00 PM): Educational Lunch Session

EDUCATIONAL SESSION & SOCIAL EVENT REQUEST FORM

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SESSION INFORMATION

Contact Full Name

Contact Mobile Phone

Contact E-mail Address

Are you requesting an Educational Session?

Yes No

If yes, please specify:

1. Session Topic
2. Session Description
3. Proposed Speakers

Are you requesting a Social Event?

Yes No

If yes, please provide description of Social Event:

PLEASE NOTE: All educational session and social event opportunities are available on a first-come, first-served basis and must be approved by ATJ management. Completion of this form does not guarantee acceptance. Companies will be contacted within three weeks of submitting a request. All logistical planning and expenses incurred for hosting are the responsibility of the presenting company.

PAYMENT INFORMATION

Once your session is approved, you will be invoiced. For your convenience, payments can be made online or by check.

ELIGIBILITY TO HOST SESSIONS

For questions regarding educational grant support requirements, please contact Beverlee Galstan of Complete Conference Management at 609-751-2235 or via e-mail at bgalstan@ccmcme.com.

E-MAIL BLAST REQUEST FORM

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Deadline: December 2, 2011

Registered exhibitors may take advantage of the opportunity to speak directly to ATJ attendees through a promotional e-blast sent the date of your choice either pre-, during or post-meeting. The blast must be submitted in HTML format no later than **5 days prior to your chosen distribution date** and will be sent one time to promote a product or activity associated with the meeting.

The Meeting Management reserves the right to review and approve the content of the email blast.

FEE INFORMATION: The cost of each e-mail blast is \$1,500.

To request an e-mail blast, please complete the form below. Items marked with an asterisk, *, are required.

*1. Contact Name: _____

*2. Contact Daytime Phone: _____

*3. Contact E-mail: _____

*4. E-mail Blast Send Date: ____/____/____

(Date can be pre-, during or post-meeting)

PAYMENT INFORMATION

Visa MasterCard AMEX Check (See Terms of Payment) Pay online: www.exhibits.allthatjazz.org

Card Number: _____ Expiration Date: _____ Security Code: _____

Name (as it appears on card): _____

Billing Address (as it appears on your bill): _____

Authorized Signature: _____ Date: _____ Total Charge: _____

Terms of Payment:

Check must be made payable to Complete Conference Management Escrow (Tax ID 65-0768718) and mailed, along with this form, directly to:

Complete Conference Management

Attention: Vicky Kei

11440 N. Kendall Drive, Suite 306

Miami, Florida 33176

Admin Use Only

CC Transaction ID: _____

Check #: _____

PRODUCT ADVERTISEMENT FORM

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Deadline: September 30, 2011

The course materials book given to every attendee will include a prominent product advertisement section where **registered exhibitors** can showcase products and services. The durable spiral-bound book serves as a guide to all aspects of ATJ and includes information that physicians will keep on hand for reference. Product advertisements are full color, double-sided pages dedicated to the same product or family of products. The pages will be divided and presented by product category and ordered alphabetically by product (not company) name. As an added bonus, product advertisements will be featured on the ATJ website for even greater exposure.

Artwork is due September 30, 2011. All submitted product catalog pages must conform to the stated product advertisement specifications.

FEE INFORMATION: The cost of each product advertisement is \$500.

To purchase product advertisements, please complete the form below. Items marked with an asterisk * are required.

* 1. Number of product advertisements to purchase:

1 2 3 4 5 6

* Name of Product 1: _____

* Product 1 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
Catheter Guidewire Sheath Stent Other: _____

* Name of Product 2: _____

* Product 1 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
Catheter Guidewire Sheath Stent Other: _____

* Name of Product 3: _____

* Product 3 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
Catheter Guidewire Sheath Stent Other: _____

PRODUCT ADVERTISEMENT FORM

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* Name of Product 4: _____

* Product 4 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
 Catheter Guidewire Sheath Stent Other: _____

* Name of Product 5: _____

* Product 5 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
 Catheter Guidewire Sheath Stent Other: _____

* Name of Product 6: _____

* Product 6 Category:

Balloon Embolic Agent IVC Filter Snare Stent Graft
 Catheter Guidewire Sheath Stent Other: _____

NOTE: To order more than 6 product pages, please contact Vicky Kei via e-mail at vkei@ccmcme.com.

PAYMENT INFORMATION

Visa MasterCard AMEX Check (See Terms of Payment) Pay online: www.exhibits.allthatjazz.org

Card Number: _____ Expiration Date: _____ Security Code: _____

Name (as it appears on card): _____

Billing Address (as it appears on your bill): _____

Authorized Signature: _____ Date: _____ Total Charge: _____

Terms of Payment:

Check must be made payable to

Complete Conference Management Escrow (Tax ID 65-0768718)
and mailed, along with this form, directly to:

Complete Conference Management
Attention: Vicky Kei
11440 N. Kendall Drive, Suite 306
Miami, Florida 33176

Submit Order Forms To:

Vicky Kei
Complete Conference Management
11440 North Kendall Drive
Suite 306
Miami, FL 33176
Toll-free: 888-334-7495
Phone: 305-279-2263
Fax: 305-279-8221
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