

# 9TH ANNUAL USH CONNECTIONS CONFERENCE

JULY 15, 2017 | CHICAGO, ILLINOIS

## EXHIBITOR AND SPONSORSHIP OPPORTUNITIES

This event is anticipated to bring together more than 200 family members and professionals. The Usher Syndrome Coalition invites you to take advantage of this wonderful opportunity to sponsor or exhibit at the USH Connections Conference.

### EXHIBITOR BENEFITS

*Early registration is encouraged as EXHIBITOR SPACE IS LIMITED.*

#### Exhibit Tables

- Exhibit space: 6ft tabletop space with skirting and two chairs.
- Recognition as an exhibitor on the Coalition Website and in the program to attendees.
- Free registration for up to two representatives to the conference.

Rates	By March 31	After March 31
Commercial	\$300	\$400
Non-Profit	\$200	\$300

### SPONSOR BENEFITS

#### Gold Sponsor

**\$5000**

- Highlighted as Gold Sponsor in program, correspondence and marketing materials.
- Logo placement with live links to your organization's website.
- Up to three pieces pre-approved marketing materials distributed to attendees (printing is at sponsor's expense).
- One email correspondence to attendees following the USH Connections Conference (sent by the Coalition).
- Complimentary exhibitor table, 6 feet with linens.
- Option to sponsor one of the following family events: Family Luncheon, Evening Social, Kids' Outing (event signage included).

#### Silver Sponsor

**\$2500**

- Recognized as Silver Sponsor with logo placement on USH2017 registration website, in correspondence, and marketing materials.
- Recognized as Silver Sponsor in program.
- One piece pre-approved marketing materials distributed to attendees (printing is at sponsor's expense).

#### Bronze Sponsor

**\$1000**

- Recognized as Bronze Sponsor with logo placement on USH2017 registration website, in correspondence, and marketing materials.
- Recognized as Bronze Sponsor in program.

### IMPORTANT DEADLINES

Early Bird Exhibitor Registration	<b>March 31, 2017</b>
Final Exhibitor Registration (Early registration is encouraged, as exhibitor space is extremely limited.)	<b>June 2, 2017</b>
Sponsor Commitment	<b>June 2, 2017</b>
Hotel Reservations	<b>June 7, 2017</b>
Registration Cancellations (full refund)	<b>June 23, 2017</b>

#### USH Family and Friends Sponsor **\$250**

- Recognized as USH Family and Friends Supporter in program distributed to attendees.

#### Cancellations

Written cancellations received by **June 23, 2017** will be honored with a full refund. No refunds will be issued after June 23, 2017.

**WWW.USHER-SYNDROME.ORG | Tax Exempt ID: 26-4560897**

# EXHIBITOR AND SPONSOR REGISTRATION FORM

To register as an exhibitor or sponsor, please complete and return this form with payment by **June 2, 2017** to:

Usher Syndrome Coalition  
2 Mill & Main Place, Suite 418  
Maynard, MA 01754

Or email to: Julia Dunning at [j.dunning@usher-syndrome.org](mailto:j.dunning@usher-syndrome.org)

## EXHIBITOR

### Organization Information

Organization Name

Address

City

State

Zip/Postal Code

Country

Phone ( + )

Website

☐ Organization Description: Please enclose a description of the products or services provided by your organization in 50 words or less. This description will be included in the program and on the Usher Syndrome Coalition Family Conference event site.

☐ Submit high resolution company logo to Julia Dunning at [j.dunning@usher-syndrome.org](mailto:j.dunning@usher-syndrome.org) by **June 2, 2017**.

### Contact Information

Name

Phone Number

Email Address

Job Title

Exhibit Space	By March 31	After March 31
Commercial	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Non-Profit	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

## SPONSOR

### Sponsorship Levels

- ☐ Gold Sponsor - \$5000
  - ☐ Silver Sponsor - \$2,500
  - ☐ Bronze Sponsor - \$1000
  - ☐ USH Family and Friend Supporter - \$250
- Tax Exempt ID: 26-4560897

As part of the Gold sponsorship package, you will receive a complimentary exhibit space. Space includes 6 foot tabletops with skirting and two chairs. If you would like to take advantage of this opportunity, please fill in the information below for your exhibit representatives.

### Exhibit Representative 1

Name

Job Title

### Exhibit Representative 2

Name

Job Title

## PAYMENT

Number of Exhibitor Tables: \_\_\_\_\_ at \$ \_\_\_\_\_ = \_\_\_\_\_  
Sponsor Level: \_\_\_\_\_ at \$ \_\_\_\_\_ = \_\_\_\_\_

Total Exhibitor and/or Sponsor Amount \$ \_\_\_\_\_

### Credit Card

- ☐ American Express
- ☐ Discover
- ☐ MasterCard
- ☐ Visa

Account Number

Exp. Date

Sec Code (3-4 digits on card)

Cardholder's Name

Cardholder's Signature

Billing Address

### Check

If you are not paying by credit card, please attach a US check or money order made payable to the Usher Syndrome Coalition (no foreign checks).

For additional information, or to register online, visit: [www.Usher-Syndrome.org](http://www.Usher-Syndrome.org). Otherwise, contact Julia Dunning at [j.dunning@usher-syndrome.org](mailto:j.dunning@usher-syndrome.org) or 978-637-2625.