



Exhibitor Opportunities

Exhibitor opportunities are available for the 1st Annual Florida Partnership for TeleHealth Summit being held December 4th - 5th at the Alford Inn, Winter Park, FL

No fees will be refunded after November 21, 2014

Platinum Exhibitor \$5000

- Registration for 5 Company Representatives
- Full Page Ad in Conference Program
- Listing in Conference Program & Event Slide Show
- Display Table
- Link on FPT Website to Exhibitor's Website
- Event Signage

Gold Exhibitor \$3000

- Registration for 4 Company Representatives
- ½ Page Ad in Conference Program
- Listing in Conference Program & Event Slide Show
- Display Table
- Listing on FPT Website

Silver Exhibitor \$1500

- Registration for 2 Company Representatives
- ¼ Page Ad in Conference Program
- Listing in Conference Program & Event Slide Show
- Display Table
- Listing on FPT Website

Bronze Exhibitor \$1000 (Non-Profit Organizations Only)

- Registration for 2 Company Representatives
- Listing in Conference Program & Event Slide Show
- Display Table

Attendee Fees:

FPT Partners \$175 Per Attendee
(Organizaton Currently in FPT Network)

Early Bird Registration \$195 Per Attendee
*Before November 6, 2014

General Registration \$225 Per Attendee
*After November 6, 2014

Event Speaker *No Fee

Hotel Accommodations

The Alford Inn
300 E New England Ave
Winter Park, FL

A limited number of rooms have been reserved until

November 3, 2014

at event rates of \$179 per night.

Call for Reservations: 407-998-8090

Reservations can be made online:

www.thealfondinn.com

Group Code: GAT

Additional Opportunities:

Meet & Greet Reception \$5500

- Signage at Event
- Recognition in Conference Program with Company Logo
- Link on FPT Website to Exhibitor's Website

Thursday Luncheon \$7000

- Signage at Event
- Company logo in Conference Program
- Link to Company website on FPT Site

Breakfast or Break \$1000 Per Breakfast or Break

- Thursday Breakfast Signage at Event
- Thursday Break Signage at Event
- Friday Breakfast Signage at Event
- Friday Break Signage at Event

Each exhibitor must submit a color logo and company ad by the print deadline.

Print Ad Deadline: November 7, 2014

All print ads must be camera ready.

Please use the following criteria:

PDF in printer approved quality (300 DP or Better)

No Bleeds or Crop Marks.

¼ Page Ad Size 3 5/8 x 4 7/8

½ Page Ad Size 7 ½ x 4 7/8

Full-Page Ad Size 7 ½ x 10

Table assignment will be based on exhibitor level, representatives will be notified once arrival about placement.



To confirm exhibitor registration please complete and return this page with payment information to:
samantha.wainright@gatelehealth.org or mail to PO Box 1408, Waycross, GA 31502

- | | | | |
|---|---|----------------|---------------------|
| <input type="checkbox"/> Platinum Exhibitor \$5000 | <input type="checkbox"/> FPT Partners | \$175 | Per Attendee |
| <input type="checkbox"/> Gold Exhibitor \$3000 | (Organization currently in FPT network) | | |
| <input type="checkbox"/> Silver Exhibitor \$1500 | <input type="checkbox"/> Early Bird Registration | \$195 | Per Attendee |
| <input type="checkbox"/> Bronze Exhibitor \$1000 (Non-Profit Organizations Only) | *Before November 21, 2014 | | |
| <input type="checkbox"/> Meet & Greet Reception \$5500 | <input type="checkbox"/> General Registration | \$225 | Per Attendee |
| <input type="checkbox"/> Thursday Luncheon \$7000 | *After November 21, 2014 | | |
| <input type="checkbox"/> Breakfast or Break \$1000 | <input type="checkbox"/> Event Speakers | *No Fee | |
| <small>Per Breakfast or Break</small> | | | |

Exhibitor Contact Information

No fees will be refunded after November 21, 2014

Company/Organization Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____ Website: _____

Payment Information

Check enclosed for \$ _____ payable to Florida Partnership for TeleHealth

Send me an electronic invoice to pay via credit card

Email address to send invoice to: _____

Per Exhibitor level, please include attendee information:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____