



## CORPORATE PARTNER PARTICIPATION FORM

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PARTICIPATION INFORMATION:

#### Exhibitor \$4,000

- Dedicated space in the exhibit area
- One six-foot draped table
- Two chairs
- Power drop
- Basic Wi-Fi
- Two (2) Exhibitor Booth Registrations
- One (1) Full Conference Registration
- Company description listed online and in mobile app
- Logo listed on website and in mobile app
- Opportunity to provide one (1) PDF to be included in the handout section of the mobile app
- Post attendee list rental for one (1) time use

Please include our company at the 2022 ADCES Diabetes Technology Conference as indicated below:

☐ \$4,000 – Exhibitor

Optional: We'd like more than one space: # \_\_\_\_\_ spaces (additional exhibit spaces will be \$4,000 each)

I certify that my company wishes to participate as an exhibitor at the 2022 ADCES Diabetes Technology Conference based on the participation level indicated above. I have read and agreed to the Exhibitor Rules and Regulations for the 2022 ADCES DTC (located on ADCES DTC Exhibit and Sponsor website page).

### PAYMENT INFORMATION:

☐ Please invoice me

☐ Please charge my credit card (circle one):

Credit Card Number: \_\_\_\_\_

Mastercard Visa Discover  
American Express

Expiration Date: \_\_\_\_\_

CVC: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Questions?** Please contact Ashley Alexander at [aalexander@adces.org](mailto:aalexander@adces.org) or call (312) 601-4890