

APRIL 3-6, 2019

Loews Meeting Complex
Orlando, FL, USA

ISHLT2019

PROMOTIONAL AND MARKETING OPPORTUNITIES ORDER FORM

Today's Date: _____ Your Name: _____

Your Phone #: _____ Your Email Address: _____

Company Name: _____

Company Mailing Address: _____

City _____ State _____ Post Code _____ Country _____

Please check below the promotional items you wish to order:

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> VIP Lounge - Entire Duration (Wed-Sat) | \$30,000 | <input type="checkbox"/> VIP Lounge - One Day (Specify Wed-Sat) | \$10,000 |
| <input type="checkbox"/> Mobile Meeting App | \$25,000 | <input type="checkbox"/> Hydration Station | \$7,500 |
| <input type="checkbox"/> Badge Lanyards | \$20,000 | <input type="checkbox"/> Business Office in Exhibit Hall | \$5,000 |
| <input type="checkbox"/> Delegate Bags | \$20,000 | <input type="checkbox"/> Private Office (Wed-Friday) | \$5,000 |
| <input type="checkbox"/> WIFI Access for Delegates | \$20,000 | <input type="checkbox"/> Online ePoster Viewer | \$5,000 |
| <input type="checkbox"/> Final Program Ad (outside back cover) | \$15,000 | <input type="checkbox"/> Speaker Ready Room | \$5,000 |
| <input type="checkbox"/> Hotel Card Sleeves | \$15,000 | <input type="checkbox"/> Conference eNewsletter One Day | \$3,000 |
| <input type="checkbox"/> Recharge Lounge | \$15,000 | <input type="checkbox"/> Delegate Bag Insert | \$3,000 |
| <input type="checkbox"/> Conference eNewsletter (Wed-Sat) | \$10,000 | <input type="checkbox"/> Email Blast to pre-registrants | \$1,500 |
| <input type="checkbox"/> Final Program Ad (inside front or back cover) | \$10,000 | <input type="checkbox"/> Hotel Door Drop | \$1,500 |

TOTAL DUE AND ENCLOSED: _____

Full payment in US funds only **MUST** accompany your application form by check or credit card only. Checks must be made payable to ISHLT and must be drawn on a US bank. Order forms without payment will not be accepted.

Credit Card: VISA Mastercard American Express

Card Number _____ Expiration Date _____ CSC Code: _____

Card Holder Signature: _____ Card Holder Name: _____

Card Holder Billing Zip Code: _____

Send this form and payment in full to [Christy Norcross](#)
ISHLT, 14673 Midway Road, Suite 200, Addison, TX 75001
Fax: 972-490-9499