

EXHIBITOR/SPONSORSHIP CONTRACT

2020 CME NTM/Bronchiectasis Physician/Patient Conference
Renaissance Hotels, Renaissance Philadelphia Airport Hotel
500 Stevens Drive, Philadelphia, PA 19113

Sponsorship Level: _____

Exhibits:

Description of booth with electrical, AV, Wifi requirements: _____

**Included: One, 6' Skirted Table, 2 chairs, 1 wastebasket, 1 booth exhibitor sign,
Free hotel Wifi included.**

**If you require anything above what is included, please contact the Hotel directly (you will be
billed directly by the hotel:**

Kyle Welsh, Renaissance Philadelphia Airport Hotel, Sales Manager

kyle.welsh@renaissancephillyairport.com 484-498-3006

AV requests (you will be billed directly by PSAV):

Mitch Krieger, PSAV, Director of Event Technology

mkrieger@PSAV.com 412-378-8169

CONTACT INFORMATION

First and Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EXHIBITOR/SPONSORSHIP PAYMENT

Visa MasterCard Amex Discover

Date: _____

Cardholder Name: _____

Billing Address if different from above: _____

Card Number: _____

CVC Code: _____ Exp. Date: _____ Amount to charge: _____

Please returned signed contracts by email by **April 2, 2020** to gina@ntminfo.org

Checks: Please make checks payable to the NTM Info & Research and return to the address provided below. (Companies may be invoiced if requested.) NTM Info & Research, 1550 Madruga Avenue, Suite 230, Coral Gables, FL 33146