### **VIRTUAL MEETING INDUSTRY SUPPORT PROSPECTUS**

The Massachusetts Chapter of the American College of Surgeons (MC-ACS) is pleased to invite our industry partners to participate in its 2020 67<sup>th</sup> Annual Meeting which *will be held virtually*. Included in this prospectus are many opportunities for your company to show support of the Chapter and Dmitry Nepomnayshy, MD, FACS, the current President of the MC-ACS, along with the entire MC-ACS leadership Council would like to thank you in advance. We look forward to your company representatives joining us this coming December!

As you review the prospectus, please keep in mind the following important dates:

| Item(s):                      | Date(s):          | Detail:                    |
|-------------------------------|-------------------|----------------------------|
| Marketing Agreement           | November 5, 2020  | Deadline for submission    |
| Virtual Exhibitor Application |                   |                            |
| Final Support Payments        |                   |                            |
| Attendee List Order Form      |                   |                            |
| Product Description           | November 12, 2020 | Deadline for submission    |
| Confirmation                  | November 16, 2020 | Upon receipt of the        |
|                               |                   | agreement(s)               |
| Pre-Registration List         | November 20, 2020 | 3 weeks before the meeting |
| Virtual Exhibition Hall Hours | December 5, 2020  | 8:00 AM – 1:00 PM          |
| Final Registration List       | December 18, 2020 | Available 1 week after the |
|                               |                   | meeting.                   |

| RECENT MC-ACS ANNUAL MEETING ATTENDANCE |                          |  |    |  |
|---|--------------------------|--|----|--|
| Year:                                   | Professional Attendance: | Breakdown:                                 |    |  |
| 2019                                    | 151                      | MC-ACS Members:                            | 50 |  |
|   |                          | MC-ACS Candidate Member/Associate Fellows: | 5  |  |
|   |                          | Guest Physicians:                          | 7  |  |
|   |                          | Residents/Students:                        | 89 |  |
| 2018                                    | 142                      | MC-ACS Members:                            | 43 |  |
|   |                          | MC-ACS Candidate Member/Associate Fellows: | 4  |  |
|   |                          | Guest Physicians:                          | 9  |  |
|   |                          | Residents/Students:                        | 86 |  |
| 2017                                    | 150                      | MC-ACS Members:                            | 58 |  |
|   |                          | MC-ACS Candidate Member/Associate Fellows: | 4  |  |
|   |                          | Guest Physicians:                          | 9  |  |
|   |                          | Residents/Students:                        | 79 |  |

### **MARKETING SUPPORT OPPORTUNITIES**

The following support categories receive recognition via the specific virtual benefits per level as noted below:

### **PLATINUM LEVEL PARTNER** (1 Available)

- 10 minute presentation to the attendees as part of the virtual program
- Platinum Level Sponsor message or ad on a slide before the start of the virtual sessions
- Listing with all other supporters on a slide before the start of the virtual sessions
- Registered Attendee list (including email) provided both prior and post meeting
- Email sent by the Chapter office to pre-registrants encouraging them to visit your virtual exhibit
- 1 Double-sized virtual exhibit space in the Digital Marketplace which includes:
  - Company Logo
  - o Product Description and/or digital marketing material and product videos
  - o Live interactive chat available with attendees
  - o Links in support of the above that includes company URL and social media accounts

GOLD LEVEL PARTNER Amount: \$5,000

- Gold Level Sponsor message or ad on a slide before the start of the virtual sessions
- Listing with all other supporters on a slide before the start of the virtual sessions
- Registered Attendee list (including email) provided both prior and post meeting
- Email sent by the Chapter office to pre-registrants encouraging them to visit your virtual exhibit
- 1 Double-sized virtual exhibit space in the Digital Marketplace which includes:
  - o Company Logo
  - o Product Description and/or digital marketing material and product videos
  - o Live interactive chat available with attendees
  - o Links in support of the above that includes company URL and social media accounts

SILVER LEVEL PARTNER Amount: \$3,500

- Silver Level Listing on a sponsor slide before the start of the virtual sessions
- Listing with all other supporters on a slide before the start of the virtual sessions
- Registered Attendee list (including email) provided both prior and post meeting
- 1 virtual Exhibit space in the Digital Marketplace which includes:
  - Company Logo
  - o Product Description and/or digital marketing material and product videos
  - o Live interactive chat available with attendees
  - o Links in support of the above that includes company URL and social media accounts

BRONZE LEVEL PARTNER Amount: \$2,500

- Bronze Level Listing on a sponsor slide before the start of the virtual sessions
- Listing with all other supporters on a slide before the start of the virtual sessions
- Registered Attendee list (including email) provided both prior and post meeting
- 1 virtual Exhibit space in the Digital Marketplace which includes:
  - Company Logo
  - o Product Description and/or digital marketing material and product videos
  - o Live interactive chat available with attendees
  - o Links in support of the above that includes company URL and social media accounts

# **EXHIBITION ONLY – Digital Marketplace** (December 5, 2020 - 8:00 AM – 1:00 PM)

- Listing with all other supporters on a slide before the start of the virtual sessions
- Registered Attendee list (including email) provided post meeting
- 1 virtual Exhibit space in the Digital Marketplace which includes:
  - Company Logo
  - o Product Description and/or digital marketing material and product videos
  - o Live interactive chat available with attendees
  - o Links in support of the above that includes company URL and social media accounts

Amount: \$1,000

Amount:

\$10,000

# **MARKETING AGREEMENT**

# PLEASE COMPLETE WITH PAYMENT AND RETURN TO:

# MC-ACS – Exhibits 500 Cummings Center, Suite 4400 Beverly, MA 01915

Fax: 978-524-0461\*

\* Please fax credit card information to the secure line above (do not email)

### **PLEASE NOTE**

Once the MC-ACS receives your Marketing Agreement you will be notified regarding approval of your request. If a supporting company requires a Letter of Agreement, that agreement must be submitted for approval and signature.

A 50% payment is due with this agreement, with the balance due by November 5, 2020. Should the supporting company cancel its support after November 5, 2020, 100% of the support amount is due.

| Coi  | ntact Title   |                    | Company            |  |
|------|---|--------------------|--------------------|--|
| Ado  | dress City/S  | tate/Zip           | Country            |  |
| Pho  | one Fax   |                    | Email              |  |
|      | chorized Signature  |                    | Date               |  |
| Plea | se check your support level b  PLATINUM LEVEL PARTNER  GOLD LEVEL PARTNER | elow:<br>\$10,000  |                    | rd Billing Address Is Same As Above<br>t Than Above: |
|      | SILVER LEVEL PARTNER  | \$3,500            |                    |  |
|      | BRONZE LEVEL PARTNER  EXHIBITION ONLY (Digital Marketplace)               | \$2,500<br>\$1,000 |                    |  |
| Pay  | ment Method:  | VISA               | MasterCard         | Check enclosed                                       |
|      | Amount to be charg  | şeu. <u>Ψ</u>      | <del>_</del>       |  |
| Cre  | dit Card Number   |                    | Expiration Date    | Security Code 3-4 numbers on front or back of card)  |
| Na   | me As It Appears On Credit Ca   | ard .              | Cardholder's Signa | ture   |

# **EXHIBIT APPLICATION (Digital Marketplace)**

Please complete this application and either type or print in each section. Sign and return the application with payment: either 1) mail a check payable in US Dollars to MC-ACS, 500 Cummings Center, Suite 4400, Beverly, MA 01915 or 2) fax with credit card information to 978-524-0461. 100% of the amount is due in order to reserve space and must be received on or before November 5, 2020. Confirmations will be sent after November 16, 2020. All financial transactions including payments and refunds are in US Dollars.

| CONTACT INFORMATION   | PAYMENT METHOD  |  |
|---|---|--|
|   | ☐ Check amount enclosed: \$                                       |  |
| Contact Person: This person will receive all correspondence         | (US banks only)   |  |
| pertaining to this meeting.   | CREDIT CARD   |  |
| personning to time meeting.   |   |  |
|   | · ·   |  |
| Title   | Please do not email CC#'s.  |  |
| Title   | Please Fax to this secure line: 978-525-0461                      |  |
| Telephone number Fax number   | Amount to be charged: \$  |  |
| Telephone number Fax number   |   |  |
|   | Credit Card Number  |  |
| Email address   |   |  |
|   | Expiration Date Security Code (3 digits on front or back of card) |  |
| Company Name  |   |  |
|   | Name as it appears on credit card                                 |  |
| Street Address  |   |  |
|   |   |  |
| City/State/Zip/Country  | Cardholder's Signature  |  |
| Web Address   | ☐ Please check if credit card billing address is same as contact  |  |
|   | information at the top of the form.                               |  |
| VIRTUAL EXHIBIT SPACE   | · ·   |  |
|   | ☐ If billing address is not the same please enter below.          |  |
| Number of space(s) x \$1,000 = \$                                   |   |  |
| COMPANY DESCRIPTION: Describe products and services to be           | Company Name  |  |
| exhibited in 10 words or less. This will allow us to determine your | Company Name  |  |
| company's eligibility to exhibit.                                   | Church Address  |  |
|   | Street Address  |  |
|   | City/State/Postal Code /Country                                   |  |
|   | City/State/Fostar Code / Country                                  |  |
|   | WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE   |  |
|   | PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF   |  |
|   | THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.       |  |
| PAYMENT AND REFUNDS   | CONFIRMATION WILL BE SENT ON OR AFTER NOVEMBER 5, 2020.           |  |
| Applications submitted prior to November 5, 2020 must be            |   |  |
| accompanied by a deposit in the amount of 50% of the fee.           |   |  |
| 100% of the total commitment due must be paid by November           | AUTHORIZED SIGNATURE  |  |
| 5, 2020. Applications submitted after November 5, 2020 must         |   |  |
| be accompanied by payment IN FULL. Applications received            | PRINT NAME  |  |
| without such payment will not be processed. If Show                 |   |  |
| Management receives a written request for cancellation of           | TITLE   |  |
| their exhibit in whole or in part on or before November 5,          | IIILL   |  |
| 2020, the exhibitor will be liable for a 25% processing fee.        |   |  |
| For cancellations in whole or in part received after                |   |  |
| November 5, 2020, no refunds will be issued.                        |   |  |