25TH ANNUAL AUTUMN UPDATE NETWORKING FOR HIV CARE

Hyatt Regency Lake Tahoe | Incline Village, Nevada | November 16-17, 2024

Platinum: \$10,000

- Three 6' draped display tables
- Complimentary registration for up to 6
- First choice of table placement
- Admittance to the educational sessions
- Admittance to all attendee meals
- Recognition as a Platinum sponsor on marketing materials, including website, brochure, and welcome PowerPoint – Name only, no logos
- Sponsor level ribbon Platinum
- · Verbal thank you from the podium during welcome remarks

Gold: \$5,000

Payment method

- Two 6' draped display table
- Complimentary registration for up to 4
- Admittance to the educational sessions
- Admittance to all attendee meals
- Recognition as a Gold sponsor on marketing materials, including website, brochure, and welcome PowerPoint – Name only, no logos
- Sponsor level ribbon Gold
- · Verbal thank you from the podium during welcome remarks

Check

Silver: \$2,500

- One 6' draped display table
- Complimentary registration for 2
- Admittance to all attendee meals
- Verbal thank you from the podium during welcome remarks

Standard Exhibitor: \$1,500

- One 6' draped display table
- Complimentary registration for 1
- Admittance to all attendee meals

For questions or additional information contact Jeanne Tremaine at jtremaine@med.unr.edu or call (775) 784-4782

HTTPS://MED.UNR.EDU/CME/AU2024

EXHIBITOR REGISTRATION FORM | Payment must be received by November 1, 2024

Please complete this form and fax to (775) 784-4544 or email to jtremaine@med.unr.edu. **Please do not send credit card information via email as it is not secure.** Payments must be received by **November 1, 2024** in order to include your information in the conference materials.

Credit Card (3% processing fee, secure link will be sent)

Contact Person		Company name as it should appear in program		
Mailing address			City	State Zip
Phone	Fax		E-mail	
Sponsorship Level:	Platinum(\$10,000) Other:	Gold (\$5,000)	Silver (\$2,500)	Standard Exhibitor (\$1,500)
Will you set up an exhibi Power is available for \$5 Will contact person atter	50. Will your exhibit table ne	ed a power source?	Yes No	
Please provide the name	es, email and phone cell pho	one numbers from yo	our company who will	be exhibiting:
Name	Ema	ail		Cell
1.				
2.				
2				

Checks should be made payable to the Board of Regents and submitted to: Attn: Jeanne Tremaine 604 West Moana, MS 150, Reno, Nevada, 89509

For questions or additional information contact Jeanne Tremaine at jtremainen@med.unr.edu or 775-784-4782.