ASHEVILLE GI
Annual Meeting

Invitation to Exhibit

The First Annual Asheville Gastrointestinal Malignancies Symposium
April 16, 2016 • Asheville Renaissance Hotel • Asheville, NC

i3 Health is pleased to invite you to exhibit at the First Annual Asheville Gastrointestinal Malignancies Symposium on April 16, 2016 in Asheville, North Carolina. This live 1-day CME/CE-certified meeting is expected to draw a large multidisciplinary audience of approximately 100 medical oncologists, gastroenterologists, oncology advanced practitioners, oncology nurses, and other health care professionals involved in the treatment of gastrointestinal malignancies.

Benefits of Exhibiting at the Meeting
As an exhibitor, you will have the opportunity to showcase your organization's products and services to a targeted health care population active in the field of gastrointestinal malignancies. Benefits of exhibiting include:

- Increase the visibility of your company in a competitive marketplace
- Reach key decision makers
- Connect face-to-face with gastroenterology/oncology professionals
- Introduce new products and services
- Give product demonstrations
- Strengthen your relationships with existing customers and generate new sales leads

Exhibit and Sponsorship Opportunities

Sponsorship	Details	Cost
Exhibit Table	A six-foot, draped table and two (2) chairs; registration and name badges for two (2) company representatives to exhibit and attend the educational session; continental breakfast, breaks, and lunch for two (2) company representatives; and special recognition as a sponsor on the conference Web page and at the meeting venue.	$1,500
Breakfast	Breakfast is provided for the attendees during registration by the exhibit area. Special recognition will be given to sponsors on conference Web page and signage during breakfast.	$1,000
Coffee Breaks	Coffee breaks are held in the morning and afternoon by the exhibit area. Sponsor breaks to receive recognition on conference Web page and signage during the break.	$625

Contact
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SPONSORSHIP ORDER FORM

Select sponsorship level.

Selection	Sponsorship Type	Fee
☐	Exhibit Table	$1,500
☐	Breakfast	$1,000
☐	Coffee break	$625

Select payment type: ☐ Check (payable to i3 Health) ☐ Credit Card

Check Number:	Check Amount:	
Charge Amount:	Card Type: ☐ Mastercard ☐ AMEX ☐ Discover ☐ Visa	
Card Number:	Exp Date:	CSC (3 or 4 digit security code):
Cardholder Name:	Cardholder Signature:	

SUBMIT FORM AND PAYMENT

Fax: 973-928-8085, Attn: Melissa Cutrona
Email: mcutrona@i3health.com
Postal Mail: i3 Health, 400 Morris Avenue, Suite 121, Denville, NJ 07834

Indicate primary registration.

First Name:	Last Name:	Title:
Email:		Phone:

Indicate secondary registration.

First Name:	Last Name:	Title:
Email:		Phone:

Describe your products and services.

This description will be used in the on-site program brochure.

By signing below, exhibitor agrees to the following:

Exhibitor indemnifies and agrees to hold i3 Health and the Asheville Renaissance Hotel and their officers, directors, employees and agents harmless from and against any actions including: losses, cost damages, claims, and expenses including attorney fees, arising from and damage to property or bodily injury to exhibits, agents, representatives, or employees by reasons of the exhibitor's occupancy in use of the exhibition facilities.

If the assigned space is cancelled by the exhibitor after **April 1, 2016,** all monies will be retained by i3 Health.

Authorizing Signature: _____ Date_____

Print Name: _____