



Appalachian Addiction & Prescription Drug Abuse Conference
Pain & Addiction, Best Practices & Proper Prescribing
October 19-21, 2017
Embassy Suites – Charleston, WV

Exhibit and Support Invitation*

We wish to invite you to support and participate in the **Appalachian Addiction & Prescription Drug Abuse Conference: *Pain & Addiction, Best Practices & Proper Prescribing*** scheduled for **October 19-21, 2017 at Embassy Suites in Charleston.**

West Virginia law now requires all physicians, physician assistants, advanced registered nurse practitioners, dentists, etc. who prescribe controlled substances to complete a continuing education program approved by their respective licensing board. **This conference has been developed specifically in cooperation with the West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine to meet the new CME requirement for all physicians and physician assistants.**

Exhibiting will begin Thursday, October 19 at 12:00 p.m. and continue through Saturday, October 22 until 3:45 p.m. There will be a reception for exhibitors and registrants on Thursday, October 19 from 5:00 – 7:00 p.m. In addition to exhibiting, there are several support levels available. See the attached Exhibit and Support Opportunities list for details.

For our event supporters and exhibitors, signage indicating your participation will be prominently displayed. We also look forward to acknowledging your contribution during the conference.

Participants are responsible for arranging their own lodging accommodations. Contact Embassy Suites directly at 1-800-EMBASSY (304-347-8700). Use code **WVM** to receive our discounted rate of \$139 a night. Reservations must be made prior to 9/26/17 to receive the discounted rate.

Visit www.wvsma.org for more conference information and the latest program updates.

Please sign and return the enclosed Application and Contract for Exhibit Space/Supporter.

If you have any questions, please feel free to contact WVSMA Director, Operations and Conference Services, Karie Boggs at (304) 925-0342 ext. 12 or karie@wvsma.org.

* Registrant/Supporter/Exhibitor Restriction – The WVSMA reserves the right to refuse or restrict any Registrant or Application and Contract for Exhibit Space/Supporter. The WVSMA maintains endorsement agreement(s) and business affiliate arrangements that also may limit in the sole discretion of the WVSMA the promotion of certain products/services. The WVSMA reserves the right to restrict any registrant, exhibitor or supporter from promoting competing products/services. The products/services are as follows: Medical Professional Liability Insurance; Individual/Group Health, Life, Vision, Dental and Disability Insurance; Retirement and Long Term Care Plans; Workers' Compensation and Business Owners Insurance.



West Virginia
State Medical
Association

WEST VIRGINIA
MEDICAL
FOUNDATION

WEST VIRGINIA
HEALTH PROGRAM



WEST VIRGINIA
BOARD OF MEDICINE

BOARD OF
OSTEOPATHIC MEDICINE

WEST VIRGINIA
OSTEOPATHIC
MEDICAL ASSOCIATION



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Application and Contract for Exhibit Space/Supporter

Please return contract with payment to Attn: Karie Boggs
 4307 MacCorkle Avenue SE Charleston, WV 25304 Email – karie@wvsma.org or Fax - (304) 925-0345
Please keep a copy for your records

Company Name: _____

Contact Name: _____ Title _____

Representative(s) Attending Meeting: _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E Mail _____

Please indicate your area(s) of participation:

Diamond Supporter \$5,000 Platinum Supporter \$2,000

Gold Supporter \$1,500 Silver Supporter \$1,000

Bronze Supporter \$750 Lunch Supporter \$500

Reception Supporter \$250 Break Supporter \$250

Equipment/Power needed for set up _____
(Cost of any special booth equipment will be the responsibility of the vendor)

Please Invoice Enclosed is a check for \$ _____
Make checks payable to the West Virginia State Medical Association

Credit Card Number _____

___ Visa ___ MasterCard ___ American Express ___ Discover _____ Expiration Date _____ Customer Code _____
(Last three digits found on reverse of card)

Credit Card Billing Address: _____

We agree to accept the terms of this agreement including the Registrant/Supporter/Exhibitor Restriction below and the space assigned to us by the WVSMA. We understand that signing the contract binds us to payment for the booth and/or support opportunities indicated. Should there be a cancellation, payment is still due.

Name: _____

Title: _____

Signature: _____

Date: _____





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Exhibit and Support Opportunities

Diamond - \$5,000

Limited to 3 exhibitors (*first come, first serve*)
Listed as Diamond Supporter on signage
Exhibit Booth (prime location)
3 conference registrations
One time, full page ad in the *WV Medical Journal*
Logo recognition on WVSMA website
Special 'Thank You' given in the opening session

Platinum - \$2,000

Listed as Platinum Supporter on signage
Exhibit Booth (prime location)
2 conference registrations
One time, half page ad in the *WV Medical Journal*
Special 'Thank You' given in the opening session

Gold - \$1,500

Listed as Gold Supporter on signage
Exhibit Booth
2 conference registrations
Special 'Thank You' given in the opening session

Silver - \$1,000

Listed as Silver Supporter on signage
Exhibit Booth
1 conference registration
Special 'Thank You' given in the opening session

Bronze - \$750

Listed as Bronze Supporter on signage
Exhibit Booth

Lunch Supporter - \$500

Special Recognition in Lunch Area

Break Supporter - \$250

Special Recognition in Break Area

Reception Supporter - \$250

Special Recognition at Thursday Night Reception

