

# Exhibitor Commitment Form

2017 RSS Annual  
Scientific Meeting  
November 2–4, 2017

As an educational exhibitor at the 2017 RSS Annual Scientific Meeting, you have an array of educational support and exhibit opportunities to choose from. Your partnership creates a unique platform to network with meeting attendees and to meet new prospects while enhancing corporate identification to this highly qualified, decision-making audience. To maximize your investment in the 2017 RSS Annual Scientific Meeting, reserve one of the following opportunities by completing this form and returning it to the Radiosurgery Society. Exhibit opportunities are available on a first-come, first-served basis.

## Please complete Exhibitor Commitment Form and return to:

Kristine Gagliardi  
the Radiosurgery Society  
PO Box 5631  
San Mateo, California 94402  
Ph: (408) 385-9411  
Fax: (866) 565-1998  
Email: [kgagliardi@therss.org](mailto:kgagliardi@therss.org)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Submitted by (enter name) \_\_\_\_\_

Email \_\_\_\_\_

## RSS Corporate Sponsorship is available.

To speak with us directly about becoming a Corporate Sponsor please call **(408) 385-9411**.

Exhibitor Levels	Standard Pricing	Corporate Sponsor Pricing (10x10)	Corporate Sponsor Pricing with Tabletop Upgrade (10x20)
Diamond	\$90,000	\$68,000	\$72,000
Platinum	\$80,000	\$58,000	\$63,000
Gold	\$65,000	\$48,000	\$53,000
Silver	\$10,000	\$10,000	
Bronze	\$5,000	\$5,000	

**Special Notes:** If selecting more than 1 booth/tabletop, spaces may not be combined. Placement of the additional space will be at the discretion of the RSS.

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**Artwork specifications and guidelines will be provided upon receipt of payment.**

Attendee Communication	Price	Quantity	Total
Lead Retrieval	\$400		
Sponsor Mobile Meeting App (2 available)	\$5,000		

## Entertainment & Comfort

Hospitality Suite	\$500 per day		
Event Entertainment	\$3,000		

## Education

Educational Symposium Post-Conference <sup>1</sup>	\$8,000 – \$15,000	Request Quote	
Educational Symposium Pre-Conference <sup>1</sup>	\$15,000 – \$25,000	Request Quote	
Video Proceedings Host (if no host, no video will be available)	\$20,000		

## Hospitality

Arrival/Welcome Drink Host (1 available)	\$3,000		
Food & Beverage Host (all 3 meeting days excluding evening events)	\$5,000		
Mix & Mingle Host (Thursday) (1 available)	\$6,000		
Poster Reception Host (Friday) (1 available)	\$6,000		
Hotel Key Card (co-brand)	\$8,000		

## Exhibit Hall

Charging Station at Exhibitor Booth	\$1,000		
Charging Stations at 6 Exhibit Hall Presentation Tables	\$4,500		
Exhibit Hall Presentation (space is limited)	\$5,000		

<sup>1</sup>Basic A/V will be provided, any upgrades will be the responsibility of the Exhibitor.

\*Additional Opportunities may be offered and sent to you for consideration in early 2017. Opportunities subject to change.

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Registration	Price	Quantity	Total
Bag Insert <sup>1</sup> (one piece)	\$1,000		
Water Bottle <sup>1</sup>	\$2,500		
Reusable Conference Bag <sup>1</sup> (co-brand)	\$5,000		

<sup>1</sup>Does not include production costs. RSS approval required prior to production.

## Signage & Banners

Pull Up Banner	\$450		
GOBO Logo Light (one GOBO light in one location)	\$700		
Feather Banner	\$750		
Floor Cling	\$1,300		

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## Signature

This agreement, signed by a duly authorized representative of the company, must be received by a Radiosurgery Society representative no later than 5:00pm PDT, May 31, 2017, and will constitute an intent to participate for the Exhibitor amount indicated.

The exhibitor handbook will be e-mailed to the Exhibitor as listed above no later than June 30, 2017. Full payment is due to the Radiosurgery Society by July 31, 2017.

NOTE: Exhibit space selection priority is based on the following: Commitment level, date commitment received and date payment received.

This agreement will become effective upon acceptance by the Radiosurgery Society. Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_ Total Amount \_\_\_\_\_

I will pay by:      Check      Credit Card

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