



# Maryland-DC Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

# 2018

Sign Up Now to Secure Your Space!

## SPONSORSHIP/EXHIBITOR INFORMATION

# Maryland-DC Society of Addiction Medicine ANNUAL MEETING

## Saturday, September 22 7:30am - 3:00pm

Ten Oaks Ballroom & Conference Center

5000 Signal Bell Lane, Clarksville, MD [www.tenoaksballroom.com](http://www.tenoaksballroom.com)

### Potential Sponsors/Exhibitors:

Network with more than 130 addiction medicine clinicians from throughout Maryland & DC, and raise awareness about your product, service or organization.

#### Tentative Schedule

**6 AM: Staff & Vendor Set-Up**  
**7:30 AM: Registration, Continental Breakfast, & Exhibitor Visitation Time\*\***  
**8:30 AM: Sessions**  
**10:30 AM: Break with Exhibitors\*\***  
**11 AM: Session**  
**12 NOON: Lunch/Exhibitor Time/Business Meeting & Legislative Update\*\***  
**1:30 PM: Sessions (Exhibitor breakdown)**  
**3 PM: Meeting Ends**

#### Sponsorship Levels\*

**\$1,500 - Premium Exhibit Space at Conference** (Outside mtg space)/Mention on promotional materials/Website presence - 2 company representatives/ Advertising in Conference Program  
**\$1,000 - Preferred Exhibit Space at Conference**/Mention on promotional materials/website presence - 2 company representatives  
**\$750 - Exhibit Space at Conference**/Mention on promotional materials/ Website presence - 1 company representative  
**\$500 - Exhibit Space at Conference**/Mention on promotional materials - 1 company representative

\*Addl. Company Representatives: \$75/each for all levels

### MDDCSAM Annual Meeting Sponsorship/Exhibitor Agreement

(Please email to [mdsam.meeting@gmail.com](mailto:mdsam.meeting@gmail.com) or fax to 301.921.4368. Questions? Call Susan D'Antoni or Karissa Miller at 301.921.4300 or email [mdsam.meeting@gmail.com](mailto:mdsam.meeting@gmail.com). Payment required prior to event unless pre-approved. Confirmation & details will be sent to email noted prior to event.)

Organization Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name(s) of Company Reps: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Level:  \$500\*  \$750\*  \$1,000\*  \$1,500\*

Payment by check is preferred. Please fax form and then mail check payable to MDDCSAM, 15855 Crabbs Branch Way, Rockville, MD 20855). Payment by credit card can be arranged by calling 301.921.4300.

Please complete:

\_\_\_\_\_ Electricity Req'd? (\*Could be an addl charge)

\_\_\_\_\_ Name Badges Desired

\_\_\_\_\_ Table Required

**THANK YOU!**

**We hope to see you on September 22, 2018!**