

EXHIBITOR PRODUCT THEATERS

The American Diabetes Association is pleased to once again offer exhibitors the opportunity to host a Product Theater. This is an ideal opportunity for exhibiting companies to showcase new products and treatment options. Reach up to 275 attendees in pre-scheduled, advertised sessions during the 72nd Scientific Sessions. The product theater will be located in the exhibit hall. This is an ideal opportunity for you to hold promotional presentations, which include refreshments and accommodate a larger audience that can then be directed back to your booth when the presentation is over.

Presentation Pricing includes:

- Complete Audiovisual package
 - 2 Wireless Lavalier Microphones for presenters
 - 2 audience microphones for questions
 - 4000 Lumens LCD Projector
 - 1 – 7.5' x 10' Front Screen
 - 1 – EVPA Sound Package
 - Laser Pointer
 - Dedicated AV Technician
 - *Presenters must provide own laptop*
- Stage, Podium and Electrical Drop
- Head Table for 4
- Seating for 275
- Lead Retrieval Units (up to 4 units, exhibiting company supplies staff to scan badges)
- Food and Beverage (within theater)
 - Morning & Afternoon Sessions include beverages and a light snack
 - Lunch Session include box lunch and beverages

Pre-Meeting and On-Site Promotion by the American Diabetes Association:

- Session Schedule on signboards located in the registration area
- Inclusion into listing of all Product Theaters on scientificsessions.diabetes.org – will include session date/time, speaker names, title and sponsoring company
- Promotion of Theater Schedule via e-blast to pre-registered Scientific Sessions attendees
- Promotion of Theater Schedule in Final Program (distributed on-site to attendees)
- Product Theater Schedule will be listed in the Saturday and Sunday editions of the On-Site *Diabetes Dispatch*

Note: A second Product Theater location on the exhibit floor may be available if the following criteria is met: a minimum of five sessions must be booked in the first theater and at least two sessions must be reserved for the second.

Sponsorship Fee: \$32,000/\$27,000 for morning or afternoon sessions
\$35,000 for lunch session

How to Participate

Time slots have been allotted on Saturday, Sunday & Monday. Presentations will be assigned on a first-come, first-served basis. Due to size constraints, rear screen projection is not available.

Deadline to be included in the Final Program: March 12, 2012

Deadline to be included in the Saturday and Sunday on-site *Daily*: April 9, 2012

Further information is available by contacting Merle Zappan at 856-232-2322, ext. 17 or by e-mail at merle_zappan@AFassanoCo.com

APPLICATION AND CONTRACT FOR PRODUCT THEATER
72nd SCIENTIFIC SESSIONS

PART ONE Available Product Theater Time-slots

Please indicate three preferred date/times in order of preference (from 1 to 3)

SET-UP	PRESENTATION TIME	TEAR DOWN	FEE	PREFERENCE
Saturday, June 9				
11:15 a.m. – 12:15 a.m.	12:15 p.m. – 1:15 p.m.	1:15 p.m. – 1:45 p.m.	\$35,000	_____
1:45 p.m. – 2:45 p.m.	2:45 p.m. – 3:30 p.m.	3:30 p.m. – 4:00 p.m.	\$32,000	_____
Sunday, June 10				
9:15 a.m. – 10:15 a.m.	10:15 a.m. – 11:00 a.m.	11:00 a.m. – 11:30 a.m.	\$32,000	_____
11:30 a.m. – 12:30 a.m.	12:30 p.m. – 1:30 p.m.	1:30 p.m. – 2:00 p.m.	\$35,000	_____
2:00 p.m. – 3:00 p.m.	3:00 p.m. – 3:45 p.m.	3:45 p.m. – 4:15 p.m.	\$32,000	_____
Monday, June 11				
9:15 a.m. – 10:15 a.m.	10:15 a.m. – 11:00 a.m.	11:00 a.m. – 11:30 a.m.	\$27,000	_____

PART TWO Application submitted by:

Company Name _____
(as it should appear in all listings)

Contact Name _____

Contact E-mail _____

Business Address _____

City _____ State _____ Country _____ Postal Code _____

Phone _____ Fax: _____
(Please include country and area code for phone and fax numbers)

Authorized Signature _____

PART THREE If you are using a communications company or 3rd Party, please complete the following:

Communications Company Name _____

Contact Name _____

Contact E-mail _____

Business Address _____

City _____ State _____ Country _____ Postal Code _____

Phone _____ Fax: _____
(Please include country and area code for phone and fax numbers)

PART FOUR

Name and description of product or treatment _____

Title of Product Theater _____

Name of Speaker(s) _____

Description of Presentation (*Please provide up to 200-word description, or attach to application*)

FINAL INSTRUCTIONS

Please ensure you have indicated your preferences for appropriate time-slots in **PART ONE** of this application.

Product Theater Fee: \$32,000/ morning & afternoon sessions
 \$35,000/ lunch sessions
 \$27,000/ Monday morning session

Full payment is provided by: CHECK Payable to American Diabetes Association
 CREDIT CARD VISA MasterCard AMEX

CARD NUMBER _____ EXP: _____ SECURITY CODE: _____

NAME: (*as it appears on card*) _____

AUTHORIZED SIGNATURE _____

FAXED OR E-MAILED APPLICATIONS ARE NOT ACCEPTED!

Mail Application and Deposit to (via US Mail): American Diabetes Association, PO Box 418805, Boston, MA 02241-8805; **or (via Courier) Overnight Packages:** Bank of America Merrill Lynch Lockbox Services, Lockbox 418805, MA5-527-02-07, 2 Morrissey Blvd., Dorchester, MA 02125 **Federal ID #:** 131623888;

Upon receipt and ADA acceptance, you will receive confirmation via email. Scheduled times are tentative and subject to change.

Deadline to be included in the Final Program: March 12, 2012

Deadline to be included in the Saturday and Sunday on-site *Daily*: April 9, 2012

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