

Pediatric Critical Care Medicine Symposium

September 20, 2024



Sponsorship Opportunities



Pediatric Critical Care Medicine Symposium

When & Where

Sept. 20, 2024
Le Bonheur Children's
Hospital
Russell Chesney
Auditorium
50 N. Dunlap St.,
Memphis, TN 38103

Contact

Margaret Ross Davis
margaretrosslong@gmail.com

Registration Deadline

Friday, Sept. 13, 2024

Display Dates & Times

Friday, Sept. 20, 2024
7:20 a.m. - 5 p.m.
Breaks: 10 a.m., 12:20 p.m.,
3:20 p.m.

*Please contact us as
soon as possible to
reserve your space.*



Sponsorship Opportunities

Platinum Level *

\$1,500

** Lunch sponsorship. Limited to one sponsor.*

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to two people**

Gold Level *

\$1,000

** Breakfast or break sponsorship. Breakfast is limited to one sponsor, and breaks are limited to two sponsors. Sponsor can decide which they would like to support.*

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to two people**

Silver Level *

\$750

** Exhibitor sponsorship*

- **Your company name on the conference event page**
 - Company name will be linked to a page dedicated to your company, including descriptions, links and contact information
- **Special recognition on conference poster**
- **Admission and exhibit table for up to two people**

Pay online or make checks payable and mail to:

Methodist Healthcare Foundation
PO Box 42048
Memphis, Tenn. 38174-2048
Attn.: JoAnn Franklin

(Please write "2024 Critical Care Symposium" for the memo line on the check.)

<http://www.lebonheur.org/PCCsponsor>

Once payment has been received, no refunds will be allowed.

Funds must be received by Sept. 13, 2024. Exhibit fees not received by Sept. 13 must be paid by credit card.

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Exhibit Space Application

Company Name: _____

Primary Contact: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Additional Contacts:

Name: _____ Email: _____

Name: _____ Email: _____

Please choose your sponsorship level:

- Platinum Level (\$1,500) Gold Level (\$1,000) Silver Level (\$750)

Submission of this signed form to Le Bonheur Children's Hospital constitutes your commitment to serve as a supporter and your agreement to pay \$_____.

Signature: _____

Title: _____ Date: _____

Booths will not be reserved without payment in full. Please return application with either your online payment confirmation using the link below or your check made payable to Le Bonheur Children's Hospital to the address below (*Please be sure to address envelope with all information below.):

<http://www.lebonheur.org/PCCsponsor>

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Tax ID: 23-7320638

If you have any questions, please do not hesitate to contact margaretrosslong@gmail.com.