



Appalachian Addiction & Prescription Drug Abuse Conference  
*Pain & Addiction, Best Practices & Proper Prescribing*  
October 18 - 20, 2018  
Embassy Suites - Charleston, WV

### *Exhibit and Support Invitation\**

We wish to invite you to consider sponsorship of and participation in the **Appalachian Addiction & Prescription Drug Abuse Conference: *Pain & Addiction, Best Practices & Proper Prescribing*** scheduled for **October 18 - 20, 2018 at Embassy Suites in Charleston.**

West Virginia law requires all physicians, physician assistants, pharmacists, advanced registered nurse practitioners, dentists, etc. who prescribe/dispense 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 3-hour CME requirement for all physicians, physician assistants and podiatrists. 19.25 hours of CME/CEs for multiple disciplines.**

#### **DATES:**

Exhibiting will begin Thursday, October 18 at 7:00 a.m. and continue through Saturday, October 20<sup>th</sup> until 1:00 p.m. There will be a designated continental breakfast for exhibitors and registrants to spend time together each morning of the conference from 7:00 a.m. to 8:30 a.m. **Exhibitor space will be open for setup Wednesday, October 17, 2018 - 6:00 p.m.**

**There are several exhibitor or other supportive sponsorships available. Please see attached Exhibitor Application/Contract for details.** Signage indicating your participation will be prominently displayed. We also look forward to acknowledging your contribution during the conference.

Of note, exhibitors/sponsors are responsible for arranging their own lodging accommodations. Contact Embassy Suites direct at 1-800-EMBASSY (304-347-8700). Use code AAC to receive our discounted rate of \$139 per night. **Reservations must be made prior to 09/28/2018 to receive the discounted rate.**

Visit [www.wvsma.org](http://www.wvsma.org) or [www.wvmphp.org](http://www.wvmphp.org) for more conference information and the latest program updates.

Please complete, sign & return the enclosed Exhibit & Support Application/Contract as soon as possible to reserve your space/support level.

If you have any questions please contact Marlene Hall, Administrator at (304) 933-1030 or email, [mdhall@wvmphp.org](mailto:mdhall@wvmphp.org).

\*Registrant/Supporter/Exhibitor Restriction: The Appalachian Addiction Conference Inc. & the WVSMA reserves the right to refuse or restrict any Registrant or Application/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





## *Exhibit & Support Application /Contract \**

It is understood that this agreement, when received by the Appalachian Addiction Conference, Inc. (AAC), becomes a binding contract. The Exhibit/Support agreement along with full payment must be received by September 17, 2018 to secure your space. Fax to 304-933-1006 or Mail completed application & fees to: AAC c/o WVMPHP, 4013 Buckhannon Pike, Mount Clare, WV 26408.

### #1 - Select Exhibit and Support Sponsorship:

<input type="radio"/> <b>DIAMOND ~ \$5,000</b> Limited to 3 exhibitors ( <i>first come, first serve</i> ) Listed as Diamond Supporter on signage Exhibit Booth (prime location) Three (3) conference registrations One time -full page ad in the <i>WV Medical Journal</i> LOGO recognition ~ WVSMA website Special "Thank You" during opening session	<input type="radio"/> <b>PLATINUM ~ \$2,000</b> Listed as Platinum Supporter on signage Exhibit Booth (prime location) Two (2) conference registrations One time - half-page ad in the <i>WV Medical Journal</i> Special "Thank You" during opening session
<input type="radio"/> <b>GOLD ~ \$1,500</b> Listed as Gold Supporter on signage Exhibit Booth Two (2) conference registrations Special "Thank You" during opening session	<input type="radio"/> <b>SILVER ~ \$1,000</b> Listed as Silver Supporter on signage Exhibit Booth One (1) conference registration Special "Thank You" during opening session
<input type="radio"/> <b>Bronze ~ \$750</b> - Listed as Bronze Supporter on signage and includes an Exhibit Booth	
<input type="radio"/> <b>LUNCH SUPPORTER ~ \$500</b> - Special Recognition in Lunch Area	
<input type="radio"/> <b>SPEAKER EVENT SUPPORTER ~ \$500</b> - Special Recognition at the Thursday evening speaker event	
<input type="radio"/> <b>BREAK SUPPORTER ~\$250</b> - Special Recognition in Break Area	
<input type="radio"/> <b>UNRESTRICTED EDUCATION GRANT</b> - ( <i>write in amount</i> ) \$ _____ for conference supporters unable to exhibit/attend	

### #2 - Additional Attendees:

Type	# of Attendees	Rate	Total
<b>DIAMOND includes 3 attendees</b> Please enter number of additional attendees if more than 3		<b>\$145.00</b>	
<b>PLATINUM &amp; GOLD include 2 attendees</b> Please enter number of additional attendees if more than 2		<b>\$145.00</b>	
<b>SILVER includes 1 attendee</b> Please enter number of additional attendees if more than 1		<b>\$145.00</b>	
<b>BRONZE does not include conference attendance</b> Please enter number of attendees		<b>\$145.00</b>	

### #3 - Total Amount Due & Payment Information:

\$ \_\_\_\_\_

- Enclosed is a check for \$ \_\_\_\_\_  
Please make check payable to: Appalachian Addiction Conference Inc.
- Payment by Credit Card – Card Number: \_\_\_\_\_  
 VISA  MasterCard  American Express  Discover | Expiration Date: \_\_\_\_\_ 3-Digit Code: \_\_\_\_\_  
 Credit Card Billing Address: \_\_\_\_\_  
 \_\_\_\_\_

### #4 – Exhibitor / Supporter Information

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

We agree to accept the terms of this agreement including the \*Restriction noted on the invitation letter and the space as assigned to us by the Appalachian Addiction Conference, Inc. We understand that signing the contract binds us to payment for the exhibitor booth and/or support opportunities as indicated, inclusive of any additional attendee registrants. **Should there be a cancellation, payment is still due.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### #5 – Attendee List (Please print) (Cert/Lic type = MD, DO, PA, RN, PhD, etc.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Certification/Lic Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Certification/Lic Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Certification/Lic Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Certification/Lic Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_