



The Mid-Atlantic Society for  
Post-Acute and Long-Term Care Medicine, Inc.

*Serving Delaware, Maryland, and Washington, DC*

# **The Future of PALTC: Adapting to a Changing Landscape**

## **31<sup>st</sup> ANNUAL CONFERENCE SPONSORSHIP**

**Saturday, Nov. 16, 2024**

*Hebrew Home of Greater Washington / Smith Kogod building located at  
6105 Montrose Road, Rockville, MD 20852; Phone: (301) 770-8366.*

*Registration will also be available online at [www.midatlanticmda.org](http://www.midatlanticmda.org).*

Payments are accepted online at <a href="http://www.midatlanticmda.org">www.midatlanticmda.org</a> . Or make checks payable to: MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine and return the payment with the completed registration form to: MMDA % Corecare Associates, 3123 Breakwater Court, West Palm Beach, FL 33411.	<b>Fee (\$)</b>
<p style="text-align: center;"><b>31<sup>st</sup> ANNUAL SPONSORSHIP</b></p> <ul style="list-style-type: none"><li>● <b>Preferred placement</b>, 6-foot tabletop display with 2 chairs in the exhibit area.</li><li>● 150-word description included in the printable digital program.</li><li>● One (1) full-page color ad in the printable digital program.</li><li>● Four (4) complimentary staff conference registrations – with contact hours for MDs/DOs/NPs/PAs provided.</li><li>● Breakfast and coffee breaks are provided.</li><li>● Lunch is provided.</li><li>● One (1) full-page color ad in digital membership newsletter.</li></ul>	<b>\$3,000</b>

**Become a 31<sup>st</sup> Annual Sponsor\* Today!**

\*Sponsorships are subject to the guidelines of the Accreditation Council for Continuing Medical Education (ACCME). We are happy to discuss the specific needs of your organization and help make this a successful exhibitor event. Please contact Shane Bellotti at [sbellotti@corecare.net](mailto:sbellotti@corecare.net) or (561) 689-6321.



## 31<sup>st</sup> ANNUAL CONFERENCE SPONSORSHIP

### Application to Exhibit and Sponsor

Registration is also be available online at [www.midatlanticmda.org](http://www.midatlanticmda.org)

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

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

**Sponsor's representative name badges:** Up to 4 are included, with a \$50 charge for each additional representative.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**DISPLAY DATES & TIMES** (subject to change):

**SET UP:** Saturday, Nov. 16, 2024 ~ 7-7:30 a.m.

**TEAR DOWN:** 5-5:30 p.m.

**DISPLAY TIME:** All day including, 7:30-8:30 a.m. Breakfast with the vendors; Lunch – 12-1:15 p.m. (MMDA's Annual Membership Meeting will be conducted at this time as well); and Coffee Breaks with vendors from 10:45-11 a.m. and 3:15-3:30 p.m.

Please reserve (number) \_\_\_\_\_ 31<sup>st</sup> Annual Sponsorship with one (1) display table each for our use at MMDA's 31<sup>st</sup> Annual Conference & Trade Show as indicated on the previous page. We understand that our use of these tables is subject to the conditions and terms outlined in this agreement, which, upon acceptance by MMDA, shall become binding between our organization and MMDA. Exhibitors may not share any part of its booth(s) with another vendor, whether or not it is a related company. Full refunds apply to vendors whose application to exhibit is not accepted. Once submitted, this application is not cancelable or contingent upon any funding approval. This application will not be considered accepted unless it is signed by an authorized representative of MMDA.

Requests for cancellation of exhibit space must be presented to MMDA in writing. If the cancellation request occurs on or before **Oct. 11, 2024**, the exhibitor will receive a full refund less a \$250 administrative fee. If cancellation occurs after **Oct. 11, 2024**, no refunds shall be due. An exhibitor may not transfer or assign an exhibit space.

**Infection Control:** The 2024 MMDA conference will comply with all local health department recommendations for infection control and COVID-19 precautions. All vendors are expected to comply with this guidance in order to attend the conference.

**It is our policy not to share attendee contact information with exhibitors.** It is our policy that exhibitor events may not conflict with the MMDA conference agenda. Up to four (4) exhibitor representatives are included in the fee and they are welcome to attend all educational sessions, however contact hours will be only awarded for physicians and advance practice nurses. Due to ACCME compliance standards, vendors may not openly participate in discussions during educational sessions. Vendor representatives are provided lunch, however, attendance at the Annual Membership Meeting is limited to voting members. MMDA reserves the right to restrict all displays that interfere with the smooth and professional operation of the Trade Show.

**A.** A check in the amount of \$ \_\_\_\_\_, to cover the sponsorship is enclosed, or **B.** A credit card payment of \$ \_\_\_\_\_, was made at [www.midatlanticmda.org](http://www.midatlanticmda.org) on \_\_\_\_\_ (date). E-mail [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com) or fax this completed and signed agreement directly to **(561) 689-6324**.

*I have read the terms of this agreement and accept the stipulations as outlined, as the authorized representative.*

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Payments are accepted online at [www.midatlanticmda.org](http://www.midatlanticmda.org).

Or, mail with a check to: MMDA % Corecare Associates, 3123 Breakwater Court, West Palm Beach, FL 33401.

Application to exhibit approved by MMDA: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_