



26TH ANNUAL

INTERNATIONAL MEETING

NOVEMBER 3-6, 2021 • PRESENTED VIRTUALLY

Virtual Exhibit Space Options

Non-Profit – \$1,000

- Virtual exhibit Gallery Listing
- 50-word description w/logo
- A link to your website
- Chat and scheduling capability
- A link to a digital promotional piece
- Included in the Remo Exhibit hall

VIP - \$2,000

- Virtual exhibit Gallery Listing
- 50-word description w/logo
- A link to your website
- Chat and scheduling capability
- A link to a digital promotional piece
- Included in the Remo Exhibit hall

Premier - \$3,000

- All VIP Benefits
- Banner ad in virtual platform
- Recognized as a Bronze Sponsor
- One Full Conference Registration
- Included in the Exhibitors Eblast

Sponsorship Levels

Create Your Own Sponsorship – or Add on to Your Exhibit Experience

- Diamond Level: \$15,000 Gold Level: \$10,000 Silver Level: \$5,000 Bronze Level: \$3,000
 Choose from the items below to reach the value of the sponsorship level of your choice.

Please check the box	Item	Amount
<input type="checkbox"/>	Virtual 60 minute Non-CE Symposium Guidelines (PDF) and Application (PDF) Hosted on the ABM website for 6 months. Premier booth is included.	\$7,500
<input type="checkbox"/>	Opening Reception	\$5,000
<input type="checkbox"/>	15 Minute shared Exhibitor session	\$3,500
<input type="checkbox"/>	Product Theater (30-minute presentation regarding your product/service, live or webinar) will be hosted on website for 6 months.	\$5,000
<input type="checkbox"/>	Coffee Break (15 minutes with attendees to chat or present) -	\$3,000
<input type="checkbox"/>	Exclusive E-blast to ABM membership	\$2,500
<input type="checkbox"/>	Exhibitors eblast - promote your product with other exhibitors	\$1,500
<input type="checkbox"/>	Industry Posters hosted on ABM website for 6 months	\$1,500
<input type="checkbox"/>	Video Ad in your booth	\$1,500
<input type="checkbox"/>	Banner ad in Virtual Platform	\$500
<input type="checkbox"/>	Additional exhibit space in the Remo Exhibit Hall	\$500
<input type="checkbox"/>	Passport Program	\$500
<input type="checkbox"/>	Full registration to the conference	\$400
	Total	

By completing this reservation form, the Exhibitor confirms that it supports the WHO International Code of Marketing Breastmilk Substitutes and any related subsequent WHO resolutions and is in compliance. Acceptance of Exhibit does not constitute ABM's endorsement of the organization, its product, or service.



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Virtual Exhibit Sponsorship Application

Company Information:

Company Name: _____

(Exactly as you wish it to appear on your exhibitor listing)

Address: _____

City/State/Zip/Country: _____

Phone: _____ Fax: _____

The signer of the application for the virtual opportunity—or person designated above—shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Signature: _____ Date: _____

Name: _____ Title: _____

E-Mail: _____ Website Address: _____

Billing Information This contract will be addressed to the signer (or designee indicated below, if different).

Name: _____ Title: _____

Company Name: (if different) _____

Address (if different) _____

City/State/Zip/Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Payment: \$ _____ Check _____ (checks payable to **Academy of Breastfeeding Medicine**)

We understand further that all virtual space and opportunities must be paid for in full **by August 2, 2021**.

Credit Card: _____ Expiration Date: _____

Fax the application form to +1.888.374.7259. Make a copy of the form for your records. Mail Check and application to **Academy of Breastfeeding Medicine Exhibition Office**, PO Box 3781 • Oak Brook, IL, USA 60522.

Cancellation of Virtual Opportunity *In the event that the exhibitor notifies ABM of the exhibitor's intent to repudiate the contract after acceptance but prior to **August 2, 2021**, a full refund of monies received, minus a \$200 USD administrative fee per space, will be made. No refunds or cancellations accepted after **August 2, 2021**.*

Please check product categories to be listed (check all that apply):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Clinical Trial Management | <input type="checkbox"/> Medical Equipment and Supplies | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Software |
| <input type="checkbox"/> Medical Devices | | <input type="checkbox"/> Other _____ |

Official Program Information- Describe in 50 words or less your products and services to be promoted. Please submit your description electronically to mpaulson@bfmed.org

Contact: Mary Paulson for customized ExpoCad opportunities at mpaulson@bfmed.org
Please visit the [ABM website](#) for virtual hours and updated information.