

SCHEDULE SUMMARY*

* The full schedule is published before the conference. All times are Central Time, GMT-6

Wed, Sep 4 Exhibitor Setup 12 noon – 7pm

Informal Reception 5:00 pm - 7:00 pm

Conference Day 1

Thurs, Sep 5 Conference & Banquet 7:00 am - 7:00 pm

Conference Day 2

Friday, Sep 6 Conference θ 8:00 am

Tear-down 1:00 pm



HEALTHCARE ON THE HORIZON 2024 ANNUAL CONFERENCE

SEPTEMBER 4-6

DoubleTree by Hilton Hotel Nashville Downtown 315 4th Avenue North, Nashville, TN 37219

EVENT CONTACT INFORMATION					
Business Name *					
On-Site / Event Contact Name					
On-Site / Event Contact Title					
Email					
Website					
Business Phone	Contact Phone				
Address					
City	State	Zip			
	BILLING INFORMATION Sai	me as Event	Contact		
Business Name					
Contact Name					
Title *					
Email *					
Website					
Business Phone	Contact Phone				
Address					
City	State	Zip			
EXHIBITOR OPPORTUNITIES (Setup Wednesday, Participation Thursday & Friday, Takedown after 1PM FRI)					
Exhibitor Package Includes: 1. One 6' white-draped table with two chairs 2. Recognition in the conference guide – your company logo and summary 3. Recognition in AIMSVAR conference alerts leading up to event 4. One attendee is included with the purchase of an exhibitor package 5. Vendor Appreciation Social Hour 6. Hotel Internet 7. Exhibitor Attendees are welcome to all general educational sessions, as well as meals, including the AIMSVAR Banquet on Thursday evening OPTIONAL ADD-ONS Exhibitors may also purchase: • Additional attendees: \$400 per person • Additional speaking opportunities: \$350 per 15 minute time slot					





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SPONSOR OPPORTUNITIES (Sponsorship Opportunities DO NOT include an Exhibitor Package)					
Platinum Sponsor: (Limited to 3 Exhibitors, based on first come, first served basis) 1. Full page color advertisement for the front inside, back inside, or back cover of the conference guide. 2. Article about your company and products in the conference newsletter. Your article will be confirmed by the AIMSVAR Conference Committee prior to publishing. 3. 30 Minute presentation time, screen and projector are provided.		\$1,500.00			
Gold Sponsor: (Presentation spaces based on first come, first served basis) 1. Full page color advertisement for the conference guide. 2. Ad and logo for the conference newsletter. 3. 15 Minute presentation time, screen and projector are provided.		\$1,100.00			
Silver Sponsor: 1. Half page color advertisement for the conference guide. 2. Ad and logo for the conference newsletter.		\$700.00			

There are limited Exhibitor Presentation spaces available. Please feel free to reach out if you have any questions.



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ATTENDEE FEES AND SPECIAL FUNCTIONS								
Attendee Name	Attendee Fee	Total Attendee Fees	Notes	Subtotal				
	\$0.00	\$0.00						
	\$400.00							
	\$400.00							
First vendor attendee is covered by your Exhibitor Fee and includes: 1. Breakfast, lunch and snacks for Thursday and Friday. 2. Thursday Social Hour. 3. Member/Vendor banquet. (Thursday night). 4. Conference exhibit fee includes first attendee fee. Additional exhibitor attendee fees listed above will receive access to all exhibitor attendee functions, meals, and any exhibitor purchased speaking times by that specific exhibitor only.								
EXCLUSIVE EXHIBITOR PRESENTATION TO AIMSVAR MEMBERS								
# of Time Slots Requested (1 or 2	2)	Fee Per Time Slot		Subtotal				
		\$300.00						
Optional: Prize Drawings Prize Drawings for AIMSVAR members attending the conference will be held on Friday afternoon. Prizes will be listed in the conference schedule. AIMSVAR members must have visited all exhibitors to be eligible for this drawing. Will you be providing door prize(s) for attendees? Yes No If Yes, please describe below:								

QUESTIONS? Please email info@aimsvar.org and leave a contact name and number along with your question, and an AIMSVAR representative will respond as quickly as possible.





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PAYMENT FORM

Total				
	7	Total Fee		
PAYMENT INFORMATION To whom invoice is emailed:				
Printed Name:	Title: _			
Signature:	Date:			

Once your invoice is received, please remit payment to AIMSVAR. On your payment, please include your invoice number.

Checks can be made payable to: AIMSVAR
Please mail all payments to the following address:
AIMSVAR
3610 Dodge Street
Suite 212
Omaha, NE 68131

NOTE FROM THE PLANNING COMMITTEE: You will be contacted by the AIMSVAR planning committee to confirm your sponsorship. Please be prepared to provide the required company logo, bio information, and any other company details as per the level of sponsorship chosen by your organization. If these details cannot be provided by your company within a reasonable amount of time, AIMSVAR cannot be held responsible for any communications sent out to the conference attendees without representation of your organization.