

### HEALTHCARE ON THE HORIZON | ANNUAL CONFERENCE



## **SCHEDULE SUMMARY\***

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

Sun, Apr 27	Exhibitor Setup Informal Reception	12 noon – 7pm 5:00 pm - 7:00 pm
Mon, Apr 28	Conference Day 1 Conference & Banquet	7:00 am - 7:00 pm
Tue, Apr 29	Conference Day 2 Conference & Tear-down	8:00 am 1:00 pm

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

If calling 1-615-244-8200 to reserve, use Group Code: AIM Book by March 27, 2025



### EXHIBITOR & SPONSOR REGISTRATION

HEALTHCARE ON THE HORIZON 2025 ANNUAL CONFERENCE

## APRIL 27-29, 2025

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 Sa	ime as Event Co	ontact
Business Name			
Contact Name			]
Title *			]
Email *			]
Website			
Business Phone	Contact Phone		
Address			
City	State	Zip	
EXHIBITOR OPPORTUNIT	<b>FIES</b> (Setup Sunday, Participation Monday & Tuesday, Take	down after 1P	M TUE)
<ol> <li>Recognition in AIMSVAR conference</li> <li>One attendee is included with</li> <li>Vendor Appreciation Social Horizon</li> <li>Hotel Internet</li> <li>Exhibitor Attendees are welcon the AIMSVAR Banquet on Thure</li> <li>OPTIONAL ADD-ONS</li> <li>Exhibitors may also purchase:</li> <li>Additional attendees: \$400 pe</li> </ol>	guide – your company logo and summary prence alerts leading up to event the purchase of an exhibitor package our me to all general educational sessions, as well as meals, including sday evening		\$2,500.00



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SPONSOR OPPORTUNITIES (Sponsorship Opportunities DO NOT include an Exhibitor Package)		
<ul> <li>Platinum Sponsor: (Limited to 3 Exhibitors, based on first come, first served basis)</li> <li>1. Full page color advertisement for the front inside, back inside, or back cover of the conference guide.</li> <li>2. Article about your company and products in the conference newsletter. Your article will be confirmed by the AIMSVAR Conference Committee prior to publishing.</li> <li>3. 30 Minute presentation time, screen and projector are provided.</li> </ul>		\$1,500.00
<b>Gold Sponsor:</b> (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.		\$750.00

Additional Sponsor Levels are available for Gold and Silver. 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		\$0.00
	\$400.00			
	\$400.00			

First vendor attendee is covered by your Exhibitor Fee and includes:

- 1. Breakfast, lunch and snacks for Monday and Tuesday.
- 2. Monday Social Hour.
- 3. Member/Vendor banquet, Monday evening.
- 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 15-minute slots)	Fee Per Time Slot	Subtotal
	\$350.00	

MEMBER ATTENDANCE DRAWING: A Drawing for AIMSVAR members attending the conference will be held on Tuesday. AIMSVAR members must have visited all vendor exhibits to be eligible for this drawing. Will you be providing member door prizes for our member attendance drawings?

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	
	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.