

**SUNA 2020 VIRTUAL ANNUAL uroLogic Conference**  
**October 7-11, 2020**  
**VIRTUAL BOOTH / SPONSORSHIP APPLICATION**



Exhibiting Company \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

| VIRTUAL EXHIBIT BOOTH                |  |    |
|--------------------------------------|--|----|
| Industry Listing - Basic             | \$ 950   | \$ |
| Industry Listing - Enhanced          | \$ 2,000   | \$ |
| Industry Listing - Premier           | \$ 2,850   | \$ |
| Add on Industry Listing/Premier Only | \$ 750 additional cost (only 5 available)            | \$ |
| ADVERTISING OPPORTUNITY              |  |    |
| Program Ad on Main Portal Page       | \$ 2,500 Full Page/Full Color                        | \$ |
| SPONSORSHIP OPPORTUNITY              |  |    |
| Keynote Sponsor                      | \$ 4,000 - Friday October 9 – Opening Keynote        | \$ |
| Virtual Happy Hour Sponsor           | \$ 3,000   | \$ |
| Handouts Page Sponsor                | \$ 2,500   | \$ |
| Networking Break Chat Lobby          | \$ 3,000 - Friday October 9 (exclusive)              | \$ |
| Networking Break Chat Lobby          | \$ 3,000 - Saturday October 10 (exclusive)           | \$ |
| Networking Break Chat Lobby          | \$ 3,000 - Sunday October 11 (exclusive)             | \$ |
| Networking Break Video               | \$ 3,000 (only 5 available)                          | \$ |
| Closed Captioning                    | \$ 7,500   | \$ |
| Product Theater/Symposia (exclusive) | \$25,000 - Friday October 9 – 4:30 pm – 5:30 pm      | \$ |
| Product Theater/Symposia (exclusive) | \$25,000 - Saturday October 10 – 10:00 am – 11:00 am | \$ |
| Product Theater/Symposia (exclusive) | \$25,000 - Sunday October 11 – 10:00 am – 11:00 am   | \$ |
| <b>TOTAL AMOUNT</b>                  |  | \$ |

\_\_\_ Full Payment to be made via Check payable to SUNA (Tax ID #93-0696206)

\_\_\_ Full Payment to be made via Credit Card

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Charge Amount \$ \_\_\_\_\_

Credit Billing Address Street # \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

**ALL SPONSORSHIP FORMS must be sent to:**  
**SUNA ANNUAL uroLogic Conference**  
 East Holly Ave., Box 56 / Pitman, NJ 08071  
 Phone: 856-256-2375 / Fax 856-589-7463 / [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com)