Cambridge Healthtech Institute's Sixth Annual

SCOPE SUMMIT FOR CLINICAL OPS EXECUTIVES

February 24 - 26, 2015 • Hyatt Regency Orlando, Orlando FL

NEW PRODUCT SHOWCASE APPLICATION

DEADLINE: DECEMBER 10, 2014

SCOPE Summit 2015 will host 700+ attendees and will feature a **New Product Showcase (NPS)** in the main exhibit hall! If you have recently launched, or are planning to launch, a new product, the NPS is an ideal opportunity. CHI will promote the NPS with the following:

- NPS displayed in prime location in the exhibit hall
- Your company logo, booth number, website, and product name included in the Program Guide
- Multiple pre-show marketing campaigns sent to our targeted database (including one overall product update campaign emailed to 100,000+ prospects and pre-registered delegates)
- Product/service description (30 words) in a press release announcing product launches at the event

REQUIREMENTS: Eligible products must have been introduced or upgraded with a new release between February 2014 and February 2015.

Company Name: _____ Booth #_____ (as it is to appear on your signage)

Product/Service Name:_____

30 Word Product/Service Description: _____

_____

_____

Contact Name & Title: _____

Address: _____

City: _____ Zip: _____ Country:_____

Email Address: _____ Phone #: _____

Are you a New Exhibitor/Sponsor? Yes____ No _____ Product Release Date: _____

CHECK SELECTION BELOW:

NEW PRODUCT SIGN ($500) ____

PLEASE NOTE: A sign (24"W x 18"H) with your new product information will be displayed (we will need your artwork for creating the sign). **Please provide me with your ARTWORK for your New Product Showcase Sign and we will then create the sign. Please see specifications for creating your own artwork for your sign.** We encourage you to list your booth # within your sign artwork as it will drive attendees to your exhibit space. File required: *Adobe Acrobat "High Resolution" PDF—All images must be 300 dpi and use the CMYK color mode*. (24"W x 18"H) Landscape.

ADDITIONAL NEW PRODUCT SIGN ($400) ____

COMPLETE PAYMENT INFORMATION BELOW:

☐ Enclosed is a check or money order payable to Cambridge Healthtech Institute drawn on an U.S. Bank in U.S. Currency.
☐ Charge to credit card (check one): ☐ Visa ☐ MasterCard ☐ American Express

Card Holders Name:_____

Signature:_____

Card #:_____ Exp. Date:_____

CONTRACT SUBJECT TO FOLLOWING TERMS AND CONDITIONS:

1.) Full payment within 30 days of contract date.

2.) Signature Required: Once signed, it is agreed that this is a binding contract with a 100% cancellation fee.

I, (print name) _____, reviewed and agree to the payment terms stated above. I understand that this contract is legally binding between CHI and my company. I am authorized to approve the terms of this contract.

Authorized Signature: _____ Date: _____
Print Name: _____

Cambridge Healthtech Institute | Attn: Exhibit Department | 250 First Ave, Suite 300, Needham, MA 02494
ATTN: Elaine Eskedal | T. 781-972-5430 | F. 781-972-5470| E: eeskedal@healthtech.com