



Association of Haitian Physicians Abroad

## **SPONSORSHIP OPPORTUNITIES FOR OUR 44<sup>TH</sup> ANNUAL CONVENTION**

**At Royal Decameron Indigo Beach Resort and Spa  
Côtes des Arcadins, Haiti  
From July 23<sup>rd</sup> to July 30<sup>th</sup>, 2017**

The Annual Convention of the “**Association des Medecins Haitiens a l’Etranger**” gives the exhibiting organizations the opportunity to promote their products directly to our attendees.

Levels of Sponsorship and advertisings available:

### **Platinum Sponsorship (\$10,000)**

- Mentioned in all non-scientifically printed materials
- Mentioned at all Social Events
- May make brief presentation (10 minutes) to members outside of scientific presentations
- Given two (2) exhibit spaces during entire Convention
- Will Have ten (10) tickets reserved for the Gala Night

### **Gold Sponsorship (\$6,500)**

- Mentioned in all non-scientifically printed materials
- Mentioned at all Social Events
- Given one (1) exhibit space during entire Convention
- Will have six (6) tickets reserved for the Gala Night

### **Silver Sponsorship (\$4,000)**

- Mentioned in all non-scientifically printed materials
- Given one (1) exhibit space during entire Convention
- Will have four (4) tickets reserved for the Gala Night

### **Bronze Sponsorship (\$2,500)**

- Given one (1) exhibit space during entire Convention

### **Advertising Opportunities (\$1,000)**

- Full Page Color Advertisement in the Official Convention Program

### **Other Advertising Opportunities (\$500 per day)**

- Exhibitor / Vendor



Association of Haitian Physicians Abroad

**APPLICATION FOR EXHIBIT SPACE**

EXHIBITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Exhibitor Representative:

\_\_\_\_\_

Contact Information for Exhibitor Representative:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The Exhibitor sign should read:

\_\_\_\_\_

Indicate your sponsorship level:

\_\_\_: Platinum (\$10,000) \_\_\_\_\_: Gold (\$6,500)

\_\_\_: Silver (\$4,000) \_\_\_\_\_: Bronze (\$2500)

Only Advertising:

\_\_\_: Full Page Ad. (\$1,000) \_\_\_\_\_: Exhibit space for one day (\$500)

**PAYMENT METHOD:**

\_\_\_: CK (Payable to AMHE INC. 1166 Eastern Parkway, Brooklyn NY 11213)

\_\_\_: MC/Visa/AE (card number)

\_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\_\_\_\_\_

**Office Use:** Sponsorship: \_\_\_\_\_ Payment type: \_\_\_\_\_ Check #/date: \_\_\_\_\_