

# Form A: Sponsor and Exhibitor Form

| Corporation Name:                      |  |
|--|--|
|  | (Please be specific as to how the name should be written for acknowledgements) |
| Contact Person(s):<br>Mailing Address: |  |
| Phone/ Fax/Email:                      |  |

Our corporation agrees to: (*check all that apply*)

| <br><b>PLATINUM</b> Sponsor*          | ••••• | \$<br>2000. |
|---------------------------------------|-------|-------------|
| -                                     | ••••• | \$<br>1500. |
|                                       | ••••• | \$<br>1000. |
| <br><b>BRONZE</b> Sponsor*            | ••••• | \$<br>750.  |
| <br>Friend of the WVSRT (non-exhibite | or)   | \$<br>500.  |

\*Your corporation is entitled to exhibit with no additional fee, if donating at the Platinum, Gold, Silver, or Bronze level. Platinum, Gold, and Silver Sponsorships also include TWO complimentary conference registrations including CE certification. Other individuals with your organization must use a general conference registration form available from www.wvsrt.com to participate in the CE and meal activities of the conference.

#### PLEASE COMPLETE THE SECTION BELOW IF YOU WISH TO EXHIBIT.

Please list the Commercial Representatives attending the 70th Annual WVSRT State Conference:

Each exhibitor will be supplied with an 8' table and space around it. Please indicate below any additional requirements such as electrical outlets (there is limited electric availability and will be assigned on first come first serve basis):

As chairpersons for the 2024 WVSRT Annual State Conference, we recognize and appreciate the significance of your contributions in making our educational event a success. It is truly our intention to make your attendance at the Conference both valuable and pleasurable. Please share your responses to the following questions so that we can better serve you.

Interested in exhibit space for ... Friday

Saturday

Friday & Saturday

Please return form A and B to: Lisa Knight UHC School of Radiology 327 Medical Park Drive Bridgeport, WV 26330 Lisa.knight@wvumedicine.org



# Form B: Exhibitor Agreement

## **Exhibitor's Responsibilities:**

The Exhibitor assumes the entire responsibility and liability for losses, damages and claims arising from the exhibitor activities on the Conference Center premises. The exhibitor will indemnify, defend, and hold harmless the WVSRT, the Conference Center, their agents, and employees from any and all losses, damages, and claims to the extent caused by the Exhibitor's activities on the Conference Center premises.

### **Shipping, Handling and Storage:**

If it is necessary for you to ship materials to the hotel, each item must be properly packaged and clearly labeled with the following information:

- 1. Corporation name and contact person
- 2. WVSRT
- 3. Date of function: Nov. 7-9, 2024
- 4. Bridgeport Conference Center, 300 Conference Center Way, Bridgeport, WV 26330

The hotel reserves the right to refuse to accept any packages that are not clearly labeled and/or appear damaged. The WVSRT cannot assume liability for the condition of the contents of any packages.

Hotel and WVSRT may not be able to accept any meeting materials delivered more than 72 hours in advance, please contact the Conference Center to verify and request details.

### **Exhibit Conclusion**:

The Conference Center is not able to store materials following closure of the exhibit hall. All related materials, equipment, crates, etc. should be removed from the premises by 6 PM Saturday evening, November 9, 2024.

### **Verification Statement:**

As a representative of \_\_\_\_\_\_\_\_ to the 70th Annual WVSRT Conference, I have read, understand, and assume the responsibilities, and liabilities set forth above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

| Please return form A and B to: Please return form A and B to: |
|---|
| Lisa Knight UHC School of Radiology                           |
| 327 Medical Park Drive  |
| Bridgeport, WV 26330 Lisa.knight@wvumedicine.org              |