# EXHIBIT & ENGAGEMENT OPPORTUNITIES



Kenneth L. Mattox, M.D., Program Director

Caesars Palace, Las Vegas



Attendees come to these conferences to "meet the masters," enhance their knowledge base, and keep abreast of advances in the field. This group is especially eager to see the latest innovations from you, the vendor, and learn how your products and services can add to their hospitals, practices and effective medical disaster response.

- Care Surgery Conference has become the best attended such course in the world and has "sold out" annually, with attendees from all 50 states and over 20 foreign countries
- The more than 1500 attendees at the combined conferences, represent level 1, 2, 3 and 4 trauma centers, and other nondesignated hospitals
- Our faculty are physicians in active practice who continue "in the trenches" day after day, night after night, dealing with the most complex surgical challenges
- Vendors may wish to exhibit at one or the other, but many will find it beneficial to exhibit at both, so a discounted "Combo Rate" is offered



## EXHIBIT & ENGAGEMENT OPPORTUNITIES

#### MARKETING/EXHIBIT SUPPORT

We have several special events that are available. The vendor providing support for one or more of the below events will receive:

- Your name/logo in all references to the event on our website and full page insert in tote bag (if received/approved by designated deadline)
- Your company name/logo on signage at the event.
- Your company name/logo on rolling plasma board outside general session auditorium advertising event
- Introduction and acknowledgement at time of event
- Your name/logo in email blast outlining conference event and sent out to attendees prior to conference
- Two tickets to event
- Message to attendees via conference app about event

#### **AVAILABLE EVENTS**

Cocktail Reception & Dance for all attendees/exhibitors on Tuesday.......\$25,000 Venue - Augustus Ballroom. Contact Show Management for details.

\*If you are interested in an independent satellite program at a different time when the conference is not in session, contact Mary Allen immediately. The schedule is extremely tight already, and prior planning of such types of events is essential to assure availability and good participation. These events have been a great success for the past four years, with "sold out" attendance.

#### Other - If you have an idea or would like more info, talk to us about it! Redstart@aol.com or 713-798-4557.

If you wish to propose other areas of marketing/exhibit support, contact Mary Allen (redstart@aol.com) NOW to discuss. These areas of expanded participation must be addressed early to achieve appropriate exposure for the sponsor and to assure availability.

TWO CUTTING EDGE CONFERENCES! April 14, 2024 April 15-17, 2024 ONE SPECTACTULAR VENUE Caesars Palace Caesars Palace Las Vegas, NV Las Vegas, NV **TRAUMA**  Chaos in Kabul CRITICAL CARE Crisis at the Border **MEDICAL DISASTER ACUTE CARE SURGERY** & more **RESPONSE REGISTER NOW!** www.trauma-criticalcare.com Kenneth L. Mattox, MD, Program Director Mary K. Allen, Program Coordinator Email: redstart@aol.com / Telephone 713-798-4557

#### **VENDOR EXPANDED PARTICIPATION FOR BOTH CONFERENCES**

#### **Opportunities for Greater Exposure for Your Company and Products**

For greater exposure and interaction with our over 1500 participants at both conferences, consider expanded participation at the 2024 meetings. In response to several requests from those of you who will have exhibited at the TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY and MEDICAL DISASTER RESPONSE Las Vegas Conferences almost every year since it began, we are providing information on ways to have increased participation and added visibility for your company and products. Marketing/Exhibit support of various conference activities is probably the best avenue to greater participation and visibility.

| Satellite Luncheon Program  |
|---|
| Cost: 22,000 Independent satellite luncheon program on Tuesday (only three spaces available). If you are interested in an independent satellite program when the conference is not in session, contact Mary Allen immediately. The schedule is extremely tight  |
| already, and prior planning of such types of events is essential to assure availability and good participation. These events have been a great success for the past four years, with "sold out" attendance.   |
| Ad on Conference Website  |
| Cost: \$1200 Contact Program Coordinator for more information. (redstart@aol.com)   |
| Full page advertisement in conference app   |
| <b>Cost: \$1200</b> Full page advertisement in conference app.  |
| Hotel Room Keycards   |
| Cost: Contact Program Coordinator for quote (redstart@aol.com)  What better way to have each attendee think of your company/product several times each day than to have your company name, message, and logo printed on the front side of the keycard that admits them to their hotel room. The Program Committee must approve copy by designated deadline.  Hotel Room Drops |
| Cost: Contact Program Coordinator for quote (redstart@aol.com)  Highlight your company, product, and booth space with a promotional piece of your own design. This will be one of the first things the attendee sees after checking into his/her room at Caesars Palace or one of the other Harrah's properties.  |
| Rolling Plasma Screen Ad or Job Posting   |
| Cost: \$750  Highlight your company product and booth number with a promotional ad of your own design. This will be one of the first things the attendee sees after registering as he/she views the rolling plasma screen that contains conference info, attendee list, job postings, and YOUR AD. The plasma screen is also an excellent spot for job postings.              |
| Tote Bag Insert (Marketing Piece or Job Announcements)  |
| <b>Cost: \$1500</b> Have your own marketing piece inserted in each attendee bag so that it is easily distributed to all. Supply the printed piece, which cannot be larger than 8.5" x 11' prior to deadline. The piece must be reviewed by the conference Program Committee for approval.   |
| Lanyards with your Logo   |
| Cost: \$2500 (vendor produces/provides)  Each attendee is given a lanyard provided by your company as he/she registers, and are then worn throughout the conference, giving your name and logo prominent and continuous exposure.   |
| Charging Station, Ice Cream or other Specialty Break(s)   |
| Cost: Contact Program Coordinator, Mary Allen (redstart@aol.com)  Charging Station, Ice Cream Cart, Pop Corn Cart, or other set up between general session and exhibit hall with signage provided by your company. Attendees wil line up for a treat and see your priminently displayed company logo and booth number.  Mailing List  |
| Cost: \$1500  |

A pre-registration and/or post conference list of mailing addresses (not email) of attendees registered to that point will be available on March 1, 2024. A post conference mailing list will be available three weeks after the conference. This is a one-time use purchase.



#### **EXHIBIT SPACE APPLICATION**

This application becomes a contract when signed and accepted by the Trauma & Critical Care Foundation. You agree to abide by the Rules and Regulations governing this show as listed below:

- 1. Booth cost for **TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2024** is \$3,300 (NON-REFUNDABLE), if booked by January 8, 2024. After that date, the cost is \$4,500.
- 2. Table top space for **MEDICAL DISASTER RESPONSE 2024** is \$1,000 (NON-REFUNDABLE), if booked by January 8, 2024. After that date the cost is \$1500.
- 3. **COMBO RATE**: This year we offer a discounted rate of \$3,800 if you BOOK EXHIBIT SPACE AT BOTH CONFERENCES BY January 8, 2024; after that date, the COMBO RATE increases to \$6,000.
- 4. After hours guard services will be provided by TCCACS for both conferences; however, neither the guard service nor TCCACS will be responsible for loss or damage to any goods or property. Exhibitors are responsible for safeguarding and insuring their goods, materials, equipment, and exhibits at all times.
- 5. Space will be assigned by exhibit management on the basis of the order in which this contact and payment are received and in the best interest of the overall exposition.
- 6. TCCACS Booths are 10'x 10' in size and 8' high with 3' side dividers. Standard booth drapery and a 7'x 44' (one line) ID Sign will be provided.
- 7. MEDICAL DISASTER RESPONSE are table tops are 8'x 10' with a one line ID Sign.
- 8. In addition to booth space, the exhibit fee covers continental breakfasts Sunday (for Disaster Conference ), for TCCACS and Combo, fee covers breakfast on Monday, Tuesday and Wednesday, and admission to the cocktail reception on Tuesday evening, as well as badges for six persons accompanying exhibit. Additional badges may be purchased for \$50 each. Exhibitors wishing to attend the conference must register separately for the conference (See Course

Registration Form).Early BirdAfter January 8, 2024TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2024\$3,300\$4,500MEDICAL DISASTER RESPONSE 2024\$1,000\$1,500COMBO - EXHIBIT SPACE FOR BOTH CONFERENCES\$3,800\$6,000

DEADLINE January 8, 2024

<u>Please indicate any firm(s) you would NOT like to be next to or immediately across from and we make every effort to accommodate:</u>

## Please make checks payable to: TRAUMA & CRITICAL CARE

| Mail Application and Check to:     | Tra                         | uma and Critica | l Care Founda | tion, 6300 We | st Loop Sou | ıth, Suite #65! | 5, Bellaiı | e, TX 77401 |
|------------------------------------|-----------------------------|-----------------|---------------|---------------|-------------|-----------------|------------|-------------|
| *RESERVATION AUTHORIZED BY:        |                             |                 |               |               | DATE        | :               |            |             |
| *TELEPHONE:                        | FAX:                        |                 | EMAIL:        |               |             |                 |            |             |
| *FIRM NAME TO APPEAR ON SIGN:      |                             |                 |               |               |             |                 |            |             |
| *ADDRESS TO MAIL EXHIBIT INFO:     |                             |                 |               |               |             |                 |            |             |
| *CITY/STATE/ZIP:                   |                             |                 |               |               |             |                 |            |             |
| *REPRESENTATIVE:                   |                             |                 |               |               |             |                 |            |             |
| *URL:                              |                             |                 |               |               |             |                 |            |             |
| *INDICATE ADDRESS FOR CORRESPONDEN |                             |                 |               |               |             |                 |            |             |
| *Description of your company/produ | uct ( <i>will be printe</i> | ed in program)  | - must be     | e submitted   | for your    | application     | to be      | considered. |
| Application will not be            | processed until p           | ayment and all  | above inforn  | nation, inclu | ding descri | ption are rece  | eived.     |             |

Exhibit Eligibility:

Eligibility for Exhibiting: The exhibits are an extension of the educational program content of the course. For your application to be accepted, the product(s) and services must be related to the practice of surgery or medicine. Exhibitors may only display products and services that they manufacture or distribute. All exhibiting companies' products and services must be approved by the Conference Exhibit Manager. We reserve the right, even after an application has been approved, to refuse exhibits, curtail activities, or to close exhibits or parts of exhibits that do not, in the Program Committee's assessment, comply with its rules and regulations.

Exhibitor Cancellation Policy:

Exhibitors may cancel by written notice to redstart@aol.com and copied to plisa@aol.com on or before January 1, 2024. You will receive a cancellation confirmation within 48 hours. Cancellation requests received prior to January 1, 2024, will receive a refund less a nonrefundable processing fee of \$1,000.00. No refunds will be made for cancellation after January 1, 2024.

## **EXHIBITOR PAYMENT FORM**

\*Booth Space may also be booked via web site @ www.trauma-criticalcare.com For questions regarding exhibits, contact Mary Allen at (713) 798-4557 or redstart@aol.com

|  | BOOTH FEE   |  |
|--|---|--|
|  |   |  |
| TCCACS Booth Fee:  | Indicated # of booths:                            |  |
| \$3,300 Early Bird / \$4,500 after January 8, 2024  Medical Disaster Booth Fee | Indicated # of booths:                            |  |
| \$1,000 Early Bird / \$1,500 after January 8, 2024                             | indicated // of bootis.                           |  |
| Exhibit COMBO Rate   |   |  |
| \$3,800 Early Bird / \$6,000 after January 8, 2024                             |   |  |
| Additional Exhibitor Badges  |   |  |
| \$50 (per person):   | Indicated # of additional badges:                 |  |
|  | MARKETING/EXHIBIT SUPPORT                         |  |
| Cocktail Reception & Dance   | \$25,000.00                                       |  |
| Independent Satellite Luncheon Program on Tuesday                              |   |  |
| (only three spaces available)  | \$22,000.00 (each)                                |  |
|  | VENDOR EXPANDED PARTICIPATION                     |  |
| Attendee Mailing List Pre Conference (one-time use)                            | \$1,500.00  |  |
| Attendee Mailing List Post Conference (one-time use)                           | \$1,500.00  |  |
| Badge Lanyards with your Logo  | \$2,500.00  |  |
| Charging Kiosk   | Contact Program Coordinator                       |  |
| Hotel In-Room Video  | Contact Program Coordinator for quote             |  |
| Hotel Room Keycards  | Contact Program Coordinator for quote             |  |
| Charging Station, Ice Cream or other Specialty Break(s)                        | Contact Program Coordinator for options and quote |  |
| Rolling Plasma Screen Ad or Job Posting  | \$750.00  |  |
| Room Drops to Attendee Hotel Room **at Caesars & Flamingo                      | Contact Program Coordinator for quote             |  |
| Tote Bag Insert  | \$1,500.00  |  |
| Ad on Conference Website   | \$1,200.00  |  |
| Full Page Advertisement in Conference App                                      | \$1,200.00  |  |
| Mail this form and payment to: Mary K. Allen, Program Coordinator              | TOTAL:  |  |

Mary K. Allen, Program Coordinator Trauma and Critical Care Foundation 6300 West Loop South, Suite 655 Bellaire, Texas 77401 Email: redstart@aol.com

### **EXHIBITOR PERSONNEL REGISTRATION FORM**

Exhibit fee provides badges for six (6) persons accompanying exhibit. Exhibitors wishing to attend the conference must register separately for the conference (See Conference Registration Form). Exhibit registration fees apply to individuals listed below. Badges will not be produced without full payment. (*please print*)

| 1                                    |                                  |                |      |  |
|--------------------------------------|----------------------------------|----------------|------|--|
| 2                                    |                                  |                |      |  |
| 3                                    |                                  |                |      |  |
|                                      |                                  |                |      |  |
| 5                                    |                                  |                |      |  |
| 6                                    |                                  |                |      |  |
| Request for additional exhibitor bac | laes, cost per additional exhibi | tor is \$50.00 |      |  |
| ·                                    |                                  |                |      |  |
| 1                                    |                                  |                |      |  |
| 2                                    |                                  | 6              |      |  |
| 3                                    |                                  |                |      |  |
| 4                                    |                                  | 8              |      |  |
| TOTAL:                               |                                  |                |      |  |
|                                      | _                                |                |      |  |
| FIRM NAME:                           |                                  |                |      |  |
| ADDRESS:                             |                                  |                |      |  |
| CITY:                                | STATE:                           |                | ZIP: |  |
| COUNTRY:                             |                                  |                |      |  |
| AUTHORIZED BY:                       |                                  |                |      |  |
| TELEPHONE:                           |                                  |                |      |  |
|                                      |                                  |                |      |  |
| EMAIL ADDRESS:                       |                                  |                |      |  |
|                                      |                                  |                |      |  |
| Total amount enclosed with registra  | tion:                            |                |      |  |
|                                      |                                  |                |      |  |

## EXHIBITOR PERSONNEL REGISTRATION FORM DUE NO LATER THAN MARCH 1, 2024

Please submit form to: Lisa Villarreal Email: plisa@aol.com

#### ADDITIONAL IMPORTANT INFORMATION

#### **Badge Policy**

Badges will be held for pick-up onsite at the Exhibitor Registration Desk. Exhibit Registration includes badges for up to six (6) persons accompanying exhibit. Please complete the Exhibitor Personnel Registration Form and return by the deadline. A \$50 fee per exhibitor will be assessed for additional badge requests.

#### **Booth Assignments**

Booth assignments will be emailed on or before March 10, 2024, if payments are received in full.

#### **Booth Equipment**

#### Trauma, Critical Care & Acute Care Surgery 2024

Each 10'x10' booth will be set with 8'high Red and Black drape, 3' high black side dividers and a 7" x 44" one-line identification sign.

#### **Medical Disaster Response 2024**

Each 8'x10' table-top exhibit will be set with one gold draped table and a 7"x44" one-line identification sign.

#### **Booth Set Up**

Saturday, April 13, 2024 - 2:00 - 6:00 PM (Medical Disaster Reponse)

Sunday, April 14, 2024 - 1:00 - 5:00 PM (TCCACS)

#### **Exhibit Registration**

The early registration deadline is January 8, 2024. Please register early as exhibit space sells out quickly.

#### **Exhibit Hours**

| MEDICAL DISASTER RESPONSE                           | TCCACS   |
|---|--|
| 7:00-8:30 AM (Sunday)<br>Breakfast in Exhibit Hall  | 6:30 AM 8:30 PM (Monday)<br>Breakfast in Exhibit Hall              |
| 9:50-10:15 AM<br>Mid-Morning Break in Exhibit Hall  | 10:00-10:30 AM (Monday)<br>Mid-Morning Break in Exhibit Hall       |
| 3:30-3:50 PM<br>Mid-Afternoon Break in Exhibit Hall | 3:45-4:10 PM (Monday)<br>Mid-Afternoon Break in Exhibit Hall       |
|   | 7:00-8:30 AM (Tuesday)<br>Breakfast in Exhibit Hall                |
|   | 10:00 AM - 10:30 AM (Tuesday)<br>Mid-Morning Break in Exhibit Hall |
|   | 2:56 - 3:25 PM (Tuesday)<br>Mid-Afternoon Break in Exhibit Hall    |
|   | 6:30-8:30 AM (Wednesday)<br>Breakfast in Exhibit Hall              |
|   | 9:30-10:00 AM (Wednesday)<br>Break in Exhibit Hall                 |
|   |  |

#### **Exhibitor Cancellation Policy**

Exhibitors may cancel by written notice to redstart@aol.com and copied to plisa@aol.com. You will receive a confirmation of the cancellation within 48 hours. Cancellation requests received prior to January 1, 2024, will receive a refund less a nonrefundable processing fee of \$1,000.00. No refunds will be made for cancellation after January 1, 2024.

#### **Exhibitor Service Kit**

The Exhibitor Service Kit will be available on our web site, "Exhibit Quick Facts." The online ordering system will contain all information necessary for ordering products and services.

#### **Hotel Information**

Both conferences will be held at Caesars Palace in Las Vegas. Additional rooms are also available at the Linq, immediatedly across the strip from Caesars. Consult web site (**www.trauma-criticalcare.com**) for more information.

#### **Lead Retrieval**

Consult web site (**www.trauma-criticalcare.com**) for more information.

#### **Payment Term**

Application will not be processed until payment and all Exhibit Space Application information, including description are received.

#### **Policy**

All products and services to be exhibited must be approved by the TCCACS Program Committee. Applications deemed ineligible will be returned with a full refund. After hours guard services will be provided by TCCACS for both conferences; however, neither the guard service nor TCCACS will be responsible for loss or damage to any goods or property. Exhibitors are responsible for safeguarding and insuring their goods, materials, equipment, and exhibits at all times.

## **Exhibit Cancellation Policy**

Exhibitors may cancel by written notice to redstart@aol.com and copied to plisa@aol.com on or before January 1, 2024. You will receive a cancellation confirmation within 48 hours. Cancellation requests received prior to January 1, 2024, will receive a refund less a nonrefundable processing fee of \$1,000.00. No refunds will be issued for cancellation after January 1, 2024.

You must agree to accept the refund/cancellation and payment policies put forth by the TCCACS. In doing so, you must authorize TCCACS to charge your credit card account the applicable Exhibitor fees for the registrations processed.,

## **Exhibit Eligibility**

The exhibits are an extension of the educational program content of the course. For your application to be accepted, the product(s) and services must be related to the practice of surgery or medicine. Exhibitors may only display products and services that they manufacture or distribute. All exhibiting companies' products and services must be approved by the Conference Exhibit Manager. We reserve the right, even after an application has been approved, to refuse exhibits, curtail activities, or to close exhibits or parts of exhibits that do not, in the Program Committee's assessment, comply with its rules and regulations.

#### **Exhibitor Service Kit**

The Exhibitor Service Kit will be available on our website, (www.trauma.criticalcare.com) "Exhibit Quick Facts." The online ordering system will contain all information necessary for ordering products and services. The link for the kit will be sent to the official contact as listed on the application. Exhibitors are urged to take advantage of cost reductions for advance orders. Many services cost substantially more when ordered onsite.

#### **Entertainment and Social Functions**

No entertainment or social functions may be scheduled to conflict with the official TCCACS program.

## **Function Space**

TCCACS maintains control over the function space in Caesars' properties to preserve and protect an equitable marketplace for all exhibitors. All requests for function space must be made through Mary Allen, Program Coordinator (redstart@aol.com). Please indicate sponsoring company, desired facilty, date, time, anticipated attendance, and a brief outline of the proposed function.

Exhibiting firms that host hospitality suites must arrange their schedules so they will not conflict with the TCCACS educational program and major social events. Hospitality suites will not be approved for non-exhibiting firms.

#### **Security**

TCCACS & MDR provide perimeter access control. Exhibitors are reminded that booth securty and the protection of special valuable items may require additional security at the exhibitor's own expense. Forms for ordering booth security will be available in the Exhibitor Service Kit.

## **SPONSOR PACKAGES**

#### PLATINUM SPONSORSHIP PACKAGE

\$40,000

Exhibit Booth Space, 10' x 10' in Exhibit Hall for both conferences

Advertisement in upcoming conference announcements

Advertisement on web site home page

Advertisement in conference app

Tote bag insert

3 comp full conference registrations for company representative

Logo on Conference App and web site

Company profile on conference app

Ad on Rolling Plasma Screen

Satellite Luncheon Program

Email blasts ad x 6+ for satellite lunch program

One focus group

## **GOLD SPONSOR PACKAGE**

\$30,000

Exhibit Booth Space, 10' x 10' in Exhibit Hall for both conferences

Advertisement in upcoming conference announcements

Advertisement on web site home page

Advertisement in conference app

Tote bag insert

2 comp full conference registrations for company representative

Logo on Conference App and web site

Company profile on conference app

Ad on Rolling Plasma Screen

Satellite Luncheon Program

Email blasts ad x 6+ for satellite lunch program

## **SILVER SPONSOR PACKAGE**

\$15,000

Exhibit Booth Space, 10' x 10' in Exhibit Hall for both conferences

Advertisement in upcoming conference announcements

Advertisement on web site home page

Advertisement in conference app

Tote bag insert

Logo on Conference App and web site

Company profile on conference app

Ad on Rolling Plasma Screen

Email to attendees promoting booth space x 2