



PALTmed Advocacy Summit
EXHIBITOR-SPONSOR REGISTRATION FORM
October 27-28, 2025
Kimpton Hotel Monaco, Washington, DC

Date _____

Organization Name _____

Primary On-Site Contact _____

Preferred Email _____

Phone cell _____ office _____ fax _____

Street Address _____

City/State/Zip _____

Additional Representatives

Representative Name _____

Email (required) _____ Cell _____

Representative Name _____

Email (required) _____ Cell _____

Representative Name _____

Email (required) _____ Cell _____

Sponsorship Fees:

Please check your selection:

☐ **Title Sponsor - \$8,000 (1 available)**

- Recognition as the Title Sponsor for the Summit.
- Prominent logo placement on event materials, signage, and website.
- Opportunity for short presentation/demo during Day 1 meal room session.
- Includes 2 complimentary registrations.

☐ **Advocacy Sponsor - \$4,000 (4 available)**

- Recognition during opening session of Day 1.
- Logo placement on signage, promotional materials, and attendee slides (pending CME compliance).

- Includes 1 complimentary registration.

☐ **Exhibit Table Sponsor (15 available)**

- Tabletop exhibit space in meal room perimeter for maximum visibility.
- Recognition in program and signage near exhibit area.
- Opportunity to provide branded materials at exhibit table.
- Includes 1 complimentary registration.

☐ **Happy Hour Sponsor - \$3,300 (1 available)**

- Exclusive sponsor for post-Day 1 networking reception.
- Logo recognition on signage and in program.
- Opportunity to provide branded materials or giveaways at reception.
- Includes 1 complimentary registration.

Payment

☐ Check enclosed

☐ Please invoice

Checks payable to:

Post-Acute and Long-Term Care Medical Association (PALTmed)

Mail to: **PALTmed, Attn: Exhibits/Sponsorships, 9891 Broken Land Parkway, Suite 101, Columbia, MD 21046**

Agreement

By submitting this application, the Organization and Exhibitor Representative agree to abide by all meeting policies and guidelines, and to indemnify and hold harmless PALTmed, the event hotel, and their respective affiliates from any damages or claims arising from participation. Exhibitors assume full responsibility for its property and representatives during the event.

Authorized Signature: _____

Printed Name: _____

Date: _____