AANA20
ANNUAL MEETING
TEXAS
May 7-9 2020
Gaylord Texan Resort & Convention Center in Grapevine, Texas

Visibility Opportunities
• Banners: starting at $12,500
  Located in high traffic areas
• WiFi Sponsor: $15,000
• Attendee Tote Bags: $10,000
• Lanyards: $8,000
• Four-sided Kiosks: $8,000
• Attendee Tote Bag Insert: $5,000
• Meter Boards: $3,000
• Mobile App Splash Page: $8,000
• Mobile App Sliding Banner Ads: $1,500
• Final Program Ads: $2,500 – $6,000
• Phone Wallets: $10,000

Surgery Opportunities
• Surgery Simulcast: starting at $18,000
• Pre-filmed Surgery: $15,000

Low Cost – High Visibility
• Breakfast Sponsor: $500 per (3 available)
  Sponsor may provide their own branded cocktail napkins
• Dessert Sponsor: $500 per (3 available)
  Sponsor may provide their own branded cocktail napkins
• Floor Decals: $500 per decal
  3’ x 3’ decals on exhibit floor
• Opening Reception Sponsor: $2,500
  Sponsor may provide their own branded cocktail napkins
• Resident & Fellows Day Sponsor: $2,000
  Exposure to Residents and Fellows during their session and recognition at the reception. Multi-Supported

Inside Exhibit Hall
• Aisle Signs: $12,500
• Footprints (10 sets): $8,000
• Charging Stations: $7,500

Maximize your Exposure at AANA20

For more information please contact Conventus Media.
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Visit www.aana.org for additional information on AANA Annual Meeting

AANA
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA
### 1. COMPANY INFORMATION

COMPANY NAME AND ADDRESS INFORMATION SHOULD BE COMPLETED EXACTLY AS THEY WILL APPEAR IN OFFICIAL AANA PUBLICATIONS.

| Company: | _____________________________________________________ |
| Address: | _____________________________________________________________ |
| City: | ____________________________________________________________ |
| State: | ___________________ | Zip Code: | __________________________ |
| Country: | ________________________________________________________ |

Products/Services to be promoted: ______________________________________________________________

### 2. CONTACT INFORMATION

ONLY THE DESIGNATED OFFICIAL CONTACT(S) WILL RECEIVE SPONSORSHIP RELATED MATERIALS.

| Primary Contact: | __________________________________________________ |
| Title: | ___________________________________________________ |
| Address: | ___________________________________________________ |
| City: | ____________________________________________________ |
| State: | ___________________ | Zip Code: | __________________________ |
| Country: | ________________________________________________________ |

### 3. SPONSORSHIP INFORMATION

List requested opportunities: ______________________________________________________________

### 4. SURGERY SIMULCAST INFORMATION

Simulcasts are 30 minutes. Request day/time below (times subject to change):

| Day/Time | Thursday, May 7, 2020 3:45 PM |
| Day: | Friday, May 8, 2020 11:00 AM |

Requested Procedure: ______________________________________________________________

### 5. PRE-FILMED SURGERIES INFORMATION

Pre-filmed Surgery opportunity cost is $15,000. Request day/time below:

| Day/Time | TBD |
| Day: | TBD |

Requested Procedure: ______________________________________________________________

### 6. PAYMENT INFORMATION

| Payment Method: | Check (Payable to AANA) | Check # | Check here if same as above |
| Mail to: | AANA, General Fund, 39972 Treasury Center, Chicago, IL 60694-9900 |
| Credit Card: | Credit Card payments will be completed on a secure AANA Payment Portal. A statement will be sent containing a link to complete your payment. |

### 7. AGREEMENT

We, the undersigned, hereby make application for specified sponsorship opportunity at the 2020 AANA Annual Meeting to be held May 7–9, 2020 in Grapevine, Texas. A signature on this application indicates an understanding and agreement to comply with all policies, rules, regulations, terms and conditions of AANA. This contract is binding once signed. Payments are due upon receipt of invoice.

| Signature | |
| Printed Name | |
| Title | Date |