

12th Annual Symposium

4.10-12.2019 LAGO MAR BEACH & RESORT CLUB









Exhibit & Sponsorship Opportunities

Generate New Business & Create Lasting Relationships with Top Foot & Ankle Surgeons





GIII 12th Annual Symposium

4.10-12.2019 LAGO MAR BEACH & RESORT CLUB

EXHIBITOR & SPONSOR INFORMATION

Why Attend?

The GIII 12th Annual Symposium provides the perfect opportunity to meet and mingle with prospective clients in a relaxed environment, while experiencing beautiful views and the warm ocean air. Lago Mar Beach & Resort Club is located right on the ocean, and is only a short drive from Fort Lauderdale International Airport, as well as popular tourist attractions.

What Kind of Physician Attends this Event?

This event pulls in a group of open-minded podiatric and orthopedic physicians and surgeons who are interested in the latest advanced technologies and services pertaining to foot & ankle care, as well as practice management.

Additional Networking Opportunities

Exhibitors and sponsors are invited to attend the symposium welcome reception and any other social events offered by GIII*. Continue to network and build lasting relationships while enjoying fine dining, beach outings and the Fort Lauderdale night life.

Exhibit Booth

Display tables are located near the lecture hall so that you may easily engage attendees. Booth packages include 6' skirted table, two chairs, waste basket and registration for two representatives. There is no extra charge for additional representatives. A mailing list of symposium attendees will be provided after the symposium.

Ads & Logos

All packages include placement of company logo on all marketing material, and a half page full-color ad in the final program. To be sure your company receives maximum exposure, please submit your logo at time of registration.

Ad dimensions are w: 7.5 in x h: 4.75 in, no bleed required. Ad must be submitted no later than March 10, 2019 to make it into the final program. Please send to events@grahamiii.com

Book Your Hotel Stay

Lago Mar Beach Resort & Club

1700 South Ocean Lane, Fort Lauderdale, FL 33316

Reservations

P: +954.523.6511 **E:** Reservations@LagoMar.com

Contact GIII

Susie Ivezaj - Training & Events Manager

E: events@grahamiii.com

P: 586-677-9600 ext. 241

*Exhibitors and sponsors joining private social events will be required to purchase their admission tickets if an admission fee is required. This includes taxes, fees and any other related expenses.



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EXHIBITOR & SPONSORSHIP OPPORTUNITIES

Promote your brand & network with an elite group of open-minded podiatric and orthopedic specialists from around the globe. Sponsorship opportunities are offered on a first-come, first-serve basis, so don't miss out! **Guarantee your space today!**

Package	Cost	Package Details		
Table Top Booth	\$950	 + 6' skirted table + Company logo included on all marketing material + Half page-full color ad in program 		
Premium Table Top Booth 3 Available	\$1,950	 + 6' skirted table top booth + 25 minute lecture + Company logo included on all marketing material + Half page-full color ad in program 		
Welcome Reception	\$5,000	 + Hot and cold hors d'oeuvres and full open bar for 2 hours + 6' skirted table top booth + Recognition of your sponsorship in the final program + Company logo included on all marketing material + Half page-full color ad in program with premium placement 		
Cocktail Reception (prior to dinner)	\$3,000	 + Full open bar for up to 100 conference attendees and a guest + Recognition of your sponsorship in final program + Company logo included on all marketing material + Half page-full color ad in program 		
Dinner 3 Available	\$6,000	 + 6' skirted table top booth, + Dinner with full service bar for up to 100 conference attendees & guest + Recognition of your sponsorship in the final program + Company logo included on all marketing material + Half page-full color ad in program with premium placement 		



12th Annual Symposium

Sponsor Information					
Company Name:		·			
Address:					
City:					
Phone:		Fax			
Contact Name:			Phone:		
Email Address:	On-site Contact(s) Numbers:				
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Payment Information					
Package:	Payment Amount:				
TYPE OF PAYMENT (PLEASE CHE	CK ONE):				
Check (Payable to: Graham Inte	ernational Implan	t Institute)			
Credit Card (Please see below	v)				
CREDIT CARD BILLING INFORMA	TION				
Name (as it appears on card):					
Address:					
City:				_	
Phone:		Fax			
CREDIT CARD AUTHORIZATION					
Type of card (please circle one):	Mastercard	Visa	American Expres	ss Discover	
Card Number:	: E			Security Code:	
I hereby authorize the Graham Inte	ernational Impla	ant Institute	to charge the abo	ove credit card for the	
Signature of Cardholder:				Date:	