

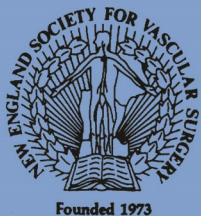


New England Society for Vascular Surgery

51st Annual Meeting | October 25-27, 2024
Westin Portland Harborview | Portland, ME

2024 Sponsorship & Exhibit Prospectus





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PROGRAM INFORMATION

OVERVIEW

For 50 years, the New England Society for Vascular Surgery has provided two and a half days of the highest quality, comprehensive education for the benefit of those involved in the study, treatment, and cure of vascular disease. The Annual Meeting enables the region's (and nation's) leading experts to share and discuss advances impacting the management and care of our patients.

This year's Annual Meeting will take place October 25-27, 2024 at the Westin Portland Harborview in Portland, ME. **IMPORTANT NOTE: With space limitations at the cozy Westin Portland Harborview, sponsor exhibits will have a different look and feel for 2024. We will need to cap the number of exhibitors we have onsite. This year, additional sponsorship opportunities will be offered.** Please review the 2024 prospectus carefully. We look forward to seeing you in Portland!

TARGET AUDIENCE

It is the Society's intent to bring together surgeons, physicians, researchers, fellows, residents, students, allied health professionals, and our industry partners from around New England to discuss their latest clinical and research findings on various topics in vascular surgery, and to collaborate to construct a robust program on current controversies or topics within the vascular community.

DEVELOPMENT EXECUTIVES



NESVS DEVELOPMENT COMM. CHAIR
Palma Shaw, MD
SUNY Upstate Medical Center
Syracuse, NY



NESVS PRESIDENT
Robert Cambria, MD
Eastern Maine Medical Center
Bangor, ME



NESVS SECRETARY
C. Keith Ozaki, MD
Brigham & Women's Hospital
Boston, MA

APPLICATION DEADLINE

All applications for support and exhibit space must be submitted by **Wednesday, September 18, 2024**. Due to limited availability, payment is due at the time application is submitted.

CANCELLATIONS / REFUNDS

Cancellations received in writing at least 45 days prior to the start date of the program will be subject to a 25% administrative fee. There will be no refunds issued for cancellation requests received within 45 days of the start of the program.

ATTENDEE BREAKDOWN

Below is the final professional attendee breakdown for the 2023 Annual Meeting in Boston, MA.

MD/DO/PhD

50%

RN/NP/PA

10%

Fellows/Residents

23%

Medical Students

17%



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SPONSORSHIP OPPORTUNITIES

SATELLITE SYMPOSIA

Supporting company will host a 45-minute industry breakfast or lunch symposium where topic and panelists are at the discretion of the supporting company. (NOTE: Final topic and speaker(s) must receive approval from the NESVS Executive Council). Three (3) additional all access company representative badges will be offered to the supporting company and the symposium will be highlighted in Annual Meeting blast emails to promote the event. The supporting company is responsible for any speaker fees, as well as audio/visual charges. Food and beverage will be provided by the NESVS.

For 2024, the NESVS is able to offer two available lunch timeslots and one breakfast timeslot. NOTE: Timing is subject to change and based on the final program.

AVAILABLE TIMESLOTS

Friday, October 25	12:35 pm - 1:20 pm
Saturday, October 26	7:00 am - 7:45 am 12:50 pm - 1:35 pm

SLOT FEES

Mid-Day Lunch Slot (2)	\$25,000/each
Morning Breakfast Slot (1)	\$15,000

ADVISORY BOARDS

During this 2-hour advisory board or focus group, supporting companies will have the opportunity to meet, network, develop new business, and/or gain new perspectives. The supporting company is responsible for any speaker fees, as well as audio/visual, food and beverage charges with the venue.

Additional information available upon request.

FEE

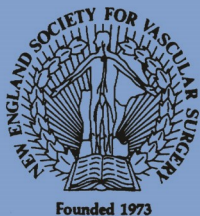
Advisory Board	\$15,000/each
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SIMULATOR SUITES

Sponsoring company will have a dedicated space to highlight their simulator. In addition to all Annual Meeting attendees being encouraged to visit this interactive room during scheduled hours, some attendees will be required to participate in this hands-on session.

FEE

Simulator Suite	\$15,000/each
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SPONSORSHIP OPPORTUNITIES

PLATINUM LEVEL (FEE: \$40,000)

- Key card OR WIFI sponsorship
- One door drop (8.5" x 11" or smaller)
- One attendee handout (8.5" x 11" or smaller)
- One (1) digital ad (up to 30 seconds)
- One (1) blast email sent to the pre-registration attendance list (sent by the NESVS)
- One (1) blast email sent to the final attendance list (sent by the NESVS within 2 weeks of the meeting)
- One (1) complimentary 6' exhibit tabletop in premium location*
- All access badges for six (6) representatives
- Six (6) tickets the NESVS social

GOLD LEVEL (FEE: \$30,000)

- One door drop (8.5" x 11" or smaller)
- One attendee handout (8.5" x 11" or smaller)
- One (1) digital ad (up to 30 seconds)
- One (1) blast email sent to the pre-registration attendance list (sent by the NESVS)
- One (1) complimentary 6' exhibit tabletop*
- All access badges for five (5) representatives
- Five (5) tickets the NESVS social

SILVER LEVEL (FEE: \$20,000)

- One attendee handout (8.5" x 11" or smaller)
- One (1) digital ad (static)
- One (1) blast email sent to the pre-registration attendance list (sent by the NESVS)
- One (1) complimentary 6' exhibit tabletop*
- All access badges for four (4) representatives
- Four (4) tickets the NESVS social

BRONZE LEVEL (FEE: \$10,000)

- One attendee handout (8.5" x 11" or smaller)
- One (1) digital ad (static)
- One (1) complimentary 6' exhibit tabletop*
- All access badges for three (3) representatives
- Three (3) tickets the NESVS social

**NOTE: Sponsor is not obligated to exhibit. An additional static digital ad can be used in lieu of a tabletop exhibit.*

EXHIBIT OPPORTUNITIES

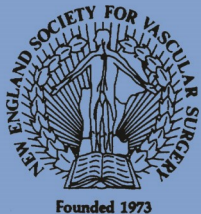
IMPORTANT NOTE: With space limitations at the cozy Westin Portland Harborview, sponsor exhibits will have a different look and feel for 2024. We will need to cap the number of sponsors we have onsite.

PREMIUM TABLETOP EXHIBIT (FEE: \$5,000)

- One (1) 6' tabletop exhibit in pre-function
- Two (2) complimentary all access badges
- Company description included in onsite directory

TABLETOP EXHIBIT (FEE: \$3,000)

- One (1) 6' tabletop exhibit in Exhibit Hall
- Two (2) complimentary all access badges
- Company description included in onsite directory



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ONSITE DETAILS

EXHIBIT DATES/HOURS

SET-UP	
Thursday, October 24	4:00 pm - 6:00 pm
MEETING DATES	
Friday, October 25	7:00 am - 5:30 pm
Saturday, October 26	7:45 am - 12:45 pm
TEARDOWN	
Saturday, October 26	12:45 pm - 2:45 pm

EXHIBIT SPACE

For 2024 only, exhibits will be located in two areas of the hotel. Tabletop exhibits consist of a 6' table with two chairs. No freestanding floor displays or standing equipment will be permitted. There will be no pipe and drape.

INSTALLATION/DISMANTLING

All exhibits must be set between 4:00 pm - 6:00 pm on Thursday, October 24, 2024. Set-up during scheduled exhibit hours will not be permitted.

SPACE ASSIGNMENT

Preferred space will be given to Annual Meeting sponsors (if application is received by the posted deadline of Wednesday, September 18, 2024). After this deadline, all other companies will be assigned in the order in which the applications were received. Exhibitors wishing to avoid assignment of space adjacent to a particular company should indicate this on their application. Careful consideration will be given to such requests, but cannot be guaranteed. The NESVS has the right to alter the floor plan at any given date/time.

SHIPPING INFORMATION

Shipping information will be emailed to exhibiting companies after the deadline.

SECURITY

The safekeeping of the exhibitor's property shall remain the responsibility of the exhibitor. The New England Society for Vascular Surgery and Westin Portland Harborview are not responsible for theft, loss or damage that may occur and advise each exhibitor to insure their stands, equipment and materials at full value.

CONDUCTING EXHIBITS

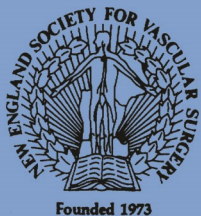
No drawings, raffles or quiz-type contests of any type will be permitted. No bags or containers for collection of samples are to be distributed by an exhibitor. This applies to any envelope, folder, portfolio, box, etc. that provides carrying space for more than a single sample. Electrical or other mechanical apparatus must be muffled so noise does not interfere with other exhibitors. Character of the exhibits is subject to approval of the conference organizers. The right is reserved to refuse applications of concerns not meeting standards required or expected, as well as the right to curtail exhibits or parts of exhibits, which reflect against the character of the meeting. This applies to displays, literature, advertising, novelties, souvenirs, conduct of person, etc.

LIABILITY

The exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save the New England Society for Vascular Surgery, Westin Portland Harborview and its officers, employees and agents, harmless against all claims, losses or damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence, gross negligence or willful misconduct of the New England Society for Vascular Surgery, Westin Portland Harborview, its employees and agents. Exhibitor acknowledges that the New England Society for Vascular Surgery and Westin Portland Harborview do not maintain insurance covering the exhibitor's property and thus, it is the sole responsibility and obligation of the exhibitor to obtain business interruption and property damage insurance covering such losses by exhibitor.

PROTECTION OF HOTEL

Exhibitors will be held liable for any damage caused to the hotel property and no material or matter of any kind shall be posted on, tacked, nailed, screwed or otherwise attached to columns, walls, floors or other parts or portions of the building or furnishings. Whatever may be necessary to properly protect the building, equipment or furniture will be installed at the expense of the exhibitor. If any controversy arises as to the need or propriety thereof, the Convention Service Manager of the hotel will be the final judge thereof and their decision shall be binding on all parties concerned.



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Application

DEADLINE: WEDNESDAY, SEPTEMBER 18, 2024

Company Name	Main Contact's Name
Address	City/State/Zip
Main Contact's Daytime Phone #	Main Contact's Email

Sponsorship Selection [Payment Due with Application]

Platinum Level (\$40,000) Gold Level (\$30,000) Silver Level (\$20,000) Bronze Level (\$10,000)

Exhibit Only [Payment Due with Application]

IMPORTANT NOTE: Space is limited and the number of tabletop exhibits will be capped for 2024.

Premium Tabletop Exhibit—Pre-Function (\$5,000) Tabletop Exhibit—Exhibit Hall (\$3,000)

Additional Opportunities [Payment Due with Application]

Satellite Symposium—Lunch (\$25,000) Satellite Symposium—Breakfast (\$15,000) Digital Ad—Up to 30 second video (\$3,000)
 Advisory Board (\$15,000) Simulator Suite (\$15,000) Digital Ad—Static (\$1,500)
 Women's Networking Rcpt. (\$7,500) Allied Health Social (\$6,000)

Exhibit Hall Placement [Every attempt will be made to honor placement requests; however, requests cannot be guaranteed.]

If possible, please avoid space near the following company: _____

We agree to abide by the terms and conditions printed in this exhibitor prospectus: [Please Check]

Payment Information

PAYMENT Due to limited availability, payment is due at the time application is submitted.

CANCELLATION POLICY Cancellations received in writing 45-days prior to the start of the Annual Meeting will be subject to a 25% administrative fee. No refunds for cancellations will be made within 45-days of the Annual Meeting.

PAYMENT BY CHECK Please make checks payable to the New England Society for Vascular Surgery and mail to:
203 Washington Street, PMB 311, Salem, MA 01970 (Tax ID: 04-2958076)

PAYMENT METHOD MasterCard VISA American Express Check (Check #: _____)

Credit Card #: _____ Exp: ____ / ____ CVW Code: _____

Billing Address: _____

Billing City/State/Postal Code: _____

Name as it Appears on Card: _____

*** PLEASE EMAIL COMPLETED APPLICATION TO: NESVS@ADMINISTRARE.COM ***