2023 ITNS Annual Symposium

October 12-15, 2023

HYATT REGENCY DALLAS, DALLAS, TEXAS, USA





Exhibit Space Options

	No	n-P	rofit	- \$	1,	99)5
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 Tabletop exhibit space + 2 chairs, virtual exhibitor profile, and four exhibit hall only badges

*A letter of request is required. Send an e-mail request to mmartin@itns.org

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 Tabletop exhibit space + 2 chairs, virtual exhibitor profile, and four exhibit hall only badges

Premier - \$5,000

- Tabletop exhibit space + 2 chairs, virtual exhibitor profile, and four exhibit hall only badges
- Recognition as a Bronze sponsor
- Passport Program participant
- Banner ad in the virtual meeting app
- One full conference registration to the meeting

Annual Meeting Sponsorship Levels

Annual Masting and Vacy Dougl Opportunities
☐ Platinum - \$50,000+ ☐ Diamond - \$25,000+ ☐ Gold - \$15,000+ ☐ Silver - \$10,000+ ☐ Bronze - \$5,000
Choose items from below chart – Your total spend qualifies you for one of these levels.

Please check the box	Annual Meeting and Year-Round Opportunities	Amount
	60-minute Non-CE Symposium - Approved recording lives on ITNS website for 6 months (optional)	\$15,000
	Exhibit Product Theater (30-minute presentation regarding your product/service, live or pre-recorded webinar) will remain on ITNS website for 6 months.	
	☐ Industry Posters - in the exhibit hall and on the website	
	Opening Reception	
	☐ ITNS Attendee Lounge	
	Lanyards	\$5,00
	Tote Bags	\$5,000
	WiFi	\$6,000
	Hotel Key Cards	\$7,000
	Registration	\$7,000
	Coffee Break (1 per sponsor)	\$5,000
	Pens + Pads	\$2,500
	Bag Insert	\$3,000
	Dedicated Email Blast to ITNS Membership	\$2,500
	Passport Program	\$500
	Conference Homepage Digital Ad	\$1,750
	TOTAL	
	Items below are not included in sponsorship opportunity	
	Full registration to the Annual Meeting	\$575
	Industry Relations Council 3 levels to choose from (year-round benefits)	\$5,000 - \$20,000

Contact: Mickey Martin for customized opportunities at mmartin@itns.org
Please visit the ITNS website for hours and updated information.

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Company Information

Company Name:						
(Exactly as you wish it to ap	pear on your ex	hibitor listing)				
Address:						
Phone:		Fax:				
The signer of the application for the the authority to certify representati				al representative of the exhibitor and shall have		
Signature:	gnature: Date:					
Name:	Title:					
E-Mail:	Website Address:					
Billing Information: This c	ontract will be a	ddressed to the signer (or d	lesignee indi	cated below, if different).		
Name:		Title:				
Payment: \$	_Check	(checks payable to Int	ernational Tr	ansplant Nurses Society (ITNS))		
Credit Card:	· · · · · · · · · · · · · · · · · · ·	Expiration	Date:			
				our records. Mail check and ox 3781 • Oak Brook, IL, USA 60522.		
	May 26, 2023,	a full refund of monies rece	eived, minus	hibitor's intent to repudiate the contract a \$250 USD administrative fee per		
Please check product categ		d (check all that apply): □Medical Equipment and □ Pharmaceutical □Recruitment	Supplies	□ Software □Other		
Area of Specialty: □Kidney □Heal	t □Liver	□Lung □Pediatrics	□ Other			

Official Program Information: Describe your products and services in 50 words or less. Please submit your description electronically to Anna Navin at anavin@its.org