



Los Angeles Urological Society

1950 Old Tustin Avenue, Santa Ana, CA 92705

TEL: 714-550-9155 / FAX: 714-550-9234

The Los Angeles County Urological Society invites your company to exhibit at the upcoming quarterly society meetings in 2018. We expect the meeting to be attended by approximately 30-40 academic and private practice urologists from the Los Angeles area.

1. Exhibit Package Fee includes: Fee \$2,100 Package Price OR \$700 PER MEETING

- ❖ Table top exhibit during hosted welcome reception at 3 plus meetings during year
- ❖ Company support acknowledgement on society website, announcements & at the meetings
- ❖ Up to three representatives to attend each meeting
- ❖ Networking with Los Angeles physicians during exhibit/welcome reception

2. Speaker Program Options (Must be a full package exhibitor in order to participate)

Your company sponsors a regularly scheduled meeting with other exhibitors (based on availability)

- Your costs= speaker cost - travel, honoraria, etc., dinner cost & audio visual: Approx.: \$3,200 -payments directly payable to speaker and dinner venue
- Your company must be a full package exhibitor supporter
- There will be a reception prior to meeting open to other exhibitors – draws more attendance

Agenda for meetings:

6:15 pm	Arrival/display set up
6:30 pm	Hosted Network/Exhibit Reception with physicians
7:40 pm	Speaker/Dinner

Meeting Dates:

FEB 22: Dr. Matt Rettig- “Disease State Awareness”, Hotel Angeleno, Brentwood

JUN 6: UCLA/USC/CEDARS/KAISER Residents - Resident Research Presentations, Hotel Angeleno, Brentwood

AUG: TBD

Payment(s) due prior to meeting date(s). The check should be made payable to Los Angeles Urological Society. Please mail to 1950 Old Tustin Avenue, Santa Ana, CA 92705 – attention Jeannie DeSantis. Please contact Jeannie DeSantis, Executive Director, at 714-550-9155 / jeannie@wsaua.org to confirm your attendance.

Los Angeles Urological Society Exhibitor Form

Company Name: _____
Representative Name(s): _____
Address: _____
City: _____
State: _____
Zip: _____
Tel: _____
Email: _____

Exhibit Fee: Package Price Of \$2100 or \$700 per meeting

_____ FEB22 _____ JUN6 _____ AUG \$ _____

Checks payable to Los Angeles Urological Society.

FAX: 714.550.9234 / email: info@laurological.org.

If mailing check, send to LAUS, 1950 Old Tustin Avenue, Santa Ana, CA 92705.

Check: Credit Card: Visa/Mastercard Discover AMEX

Card#: _____ Expire: _____

Cardholder Name: _____ Signature: _____

Billing Address: _____ City: _____ St: _____ Zip: _____

Credit card payments: I hereby authorize Medical Association Management Co. to debit my credit card account, the total fees as indicated above. **Please note that the transaction will appear on your statement under the name of "DMG SERVICES."**

Los Angeles Urological Society Speaker Program Form

Proposed Date: _____ Company: _____

Speaker Program Options (Must be a full package exhibitor in order to participate)

Your company sponsors a regularly scheduled meeting with other exhibitors (based on availability)

- Your costs=speaker cost - travel, honoraria, etc., dinner cost & audio visual: Approx.: \$2,900 -payments directly payable to speaker and dinner venue
- Your company must be a full package exhibitor supporter
- There will be a reception prior to meeting open to other exhibitors – draws more attendance

I agree to pay the associated costs – speaker, dinner, audio visual, and any other associated costs that may added on by our company.

X _____
 Signature of company representative Print Name Date

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Checks payable to Los Angeles Urological Society. FAX: 714.550.9234 / email: info@laurological.org.
 If mailing check, send to LAUS, 1950 Old Tustin Avenue, Santa Ana, CA 92705.

Credit Card: <input type="checkbox"/> Visa/Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card#: _____ Expire: _____ Security Code: _____
Cardholder Name: _____ Signature: _____
Billing Address: _____ City: _____ St: _____ Zip: _____
Email for confirmation: _____
Credit card payments: I hereby authorize LAUS to debit my credit card account, the total fees as indicated above. Please note that the transaction will appear on your statement under the name of "DMG SERVICES."