



# Los Angeles Urological Society

1950 Old Tustin Avenue, Santa Ana, CA 92705

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

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The Los Angeles County Urological Society invites your company to exhibit at the upcoming quarterly society meetings in 2019. 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 \$750 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:

FEB20: Victor Nitti, MD, UCLA – Female Pelvic Medicine

JUN 5: UCLA/USC/CEDARS/KAISER Residents - Resident Research Presentations, Hotel Angeleno, Brentwood

AUG: TBD- (Open for industry supported talk)

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](mailto:jeannie@wsaua.org) to confirm your attendance.

## Los Angeles Urological Society Exhibitor Form

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

**Exhibit Fee:** Package Price Of \$2100 or \$750 per meeting

\_\_\_\_ FEB    \_\_\_\_ JUN5    \_\_\_\_ AUG    \$ \_\_\_\_\_

### Checks payable to Los Angeles Urological Society.

FAX: 714.550.9234 / email: [info@laurological.org](mailto: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."**

