



Partners HealthCare’s Center for Connected Health Symposium & Expo

October 21-22, 2010

Boston Park Plaza Hotel

Boston, MA

EXHIBITORS AND SPONSORS GENERAL INFORMATION SHEET AND AGREEMENT

I. Primary contact information and exhibition or sponsorship choice:

Primary Contact Name & Title: _____

Primary Contact Telephone & Email: (tel) _____ (email) _____

Alternative Contact Name & Title: _____

Alternative Contact Telephone & Email: (tel) _____ (email) _____

Company Name (as it will appear on printed materials): _____

Address of Company: _____

Web Site Link: _____

Exhibitor or Sponsorship choice: (Please specify which opportunity you select)

Price of Exhibitor or Sponsorship Opportunity: \$ _____

If you are Exhibiting, please list the contact person and contact information of the person who will be responsible for the set up and logistics of your exhibit table – Name: _____

Email Address: _____ Telephone Number: _____

II. Invoice information (where and to whom the invoice should be directed):

Name & Title: _____

Contact Email: _____

Contact Telephone: _____

By signing this form I agree to exhibition or sponsorship participation with Partners' Center for Connected Health and the fee or fees associated therewith. In the event of cancellation, 50% of the amount of my fee or fees will be refunded to me if my request is made via email to mmspinale@partners.org on or prior to September 19th, 2010. Refunds after this date cannot be guaranteed and will only be granted if a replacement organization is found. Please fax your completed and signed form to Margaret Spinale, at 617-228-4603. Payment of exhibit or sponsorship must be made no later than one month prior to the event (September 21st) unless specific arrangements have been made.

Please forward electronically your logo in high resolution eps format and a brief description of your company (50 words or less) to mmspinale@partners.org as soon as possible so that we may add your name and logo to our Connected Health Web Site as a Symposium sponsor or exhibitor. We suggest that you indicate your Symposium participation on your web site with a link to www.connected-health.org.

Signature: _____ Date: _____

Printed Name: _____