



2019 San Diego Urological Society

1950 Old Tustin Avenue, Santa Ana, CA 92705

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

www.SDurological.org / info@SDurological.org

The San Diego Urological Society invites your company to have the unique opportunity to exhibit at the upcoming quarterly SDUS society meetings in 2019 and meet San Diego urologists. We expect the meetings to be attended by approximately 30-40 academic and private practice urologists from San Diego County.

1. Exhibit Package :

Fee: \$2,500 Package Price

- ❖ Table top exhibit during hosted welcome reception at 4 meetings during year
- ❖ Company support acknowledgement on society website, announcements at the meetings
- ❖ Up to three representatives to attend each meeting
- ❖ Networking with San Diego urology physicians during network reception

2. Speaker Program Option (Must be a full package exhibitor in order to participate) Fee: \$5,000

- ❖ Your company sponsors a regularly scheduled meeting (based on availability and approval)
- ❖ Fee covers: Reception, Dinner, Audio Visual, Marketing, Registration, Meeting & Venue Coordination
- ❖ Does not cover speaker travel / honorarium

<u>Agenda for meetings:</u>	6:15 pm:	Arrival/display set up
	6:30 pm:	Hosted Network/Exhibit Reception with physicians
	7:40 pm:	Speaker/Dinner

Meeting Dates:

FEB21: "The FDA Recommendation for Androgen Treatment of Men" and "Personal Finance for Physicians." Dr. Stuart Howard, Univ. of VA

MAR 27: "ExoDx Prostate(IntelliScore) and the Evolving Clinical Landscape of Liquid Biopsies." Johan Skog, PhD, Chief Scientific Officer, Exosome Diagnostics

APR 18: UCSD & Balboa Naval Resident Research Presentations, SDYC

JUN or NOV: TBD – (open for Industry supported meeting – SEE #2 ABOVE)

Payment(s) due prior to meeting date

The check should be made payable to San Diego 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.

San Diego Urological Society - Exhibitor Form

Company Name: _____

Contact: _____

Email: _____

Address: _____

City: _____

State: _____ ZIP _____

Tel: _____

Representative Name(s): _____

Representative Email(s): _____

Select Package from below:

1. Exhibit Package Fee: \$2,500

Totals

\$ _____

2. Exhibit Fee Per Meeting - \$800 per mtg.

\$ _____

Add-ons:

- 3 Minute Presentation before a meeting: \$250

\$ _____

- Eblast to SDUS Members: \$500

\$ _____

Grand Total _____ \$ _____

Checks payable to San Diego Urological Society. - FAX: 714.550.9234 / email: info@sdurological.org.

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

Credit Card: **Visa/Mastercard** **Discover** **AMEX**

Card#: _____ Expire: _____ Security Code: _____

Cardholder Name: _____ Signature: _____

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

Email for confirmation: _____

Credit card payments: I hereby authorize SDUS 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."**