



## **Virginia Biomedical Association 25th Annual Meeting**

**“Virginia Biomedical Association – 25 years of impacting the Patient Care Experience”**

**September 19<sup>th</sup>-21<sup>st</sup>, 2018**

Wintergreen Resort at Wintergreen, Virginia

### **Medical Equipment and Service Vendors,**

I am pleased to invite you to join the Virginia Biomedical Association for our 25th Annual Meeting, September 19th-21st, 2018 in Wintergreen, Virginia.

For 25 years the VBA has had continued success with creating a sense of community for biomedical, clinical engineering and diagnostic imaging service professionals in the greater Virginia area. Our annual event offers avenues for developing valuable relationships and advancing your company’s products and services. The VBA has arranged social and networking events to promote attendee and vendor interaction. A Golf Tournament will be held on Wednesday, September 19<sup>th</sup>, at Devil’s Knob Golf Course at Wintergreen Resort. Please join us for the second annual Kevin Breen Memorial Golf Classic. The event promises a casual atmosphere that will allow you to further build your professional relationships.

Display your products and services in our centrally located exhibit area with over 7 hours of exhibit time. There will be a limited number of exhibit spaces. Please do not wait. Reserve your space today. Please take advantage of the multiple sponsorship opportunities available at the event to further promote your company’s brand.

I look forward to seeing you at Devil’s Knob! Without vendor support our annual event would not be possible. Thank you for your continued support of the VBA.

Sincerely,

Mark Seago, BoD VP

[mss8j@virginia.edu](mailto:mss8j@virginia.edu)



## Vendor/Exhibitor Registration Form (Pay Online)

### Exhibit Space Information & Pricing:

<http://www.vabiomed.org/event-2875463>

#### **Silver Exhibit Spaces Include:**

2 Vendor Attendee Registrations, One 6ft Skirted Table, w/ access to power, Company Logo & Link to site on VBA website, Advertisement in Quarterly Newsletter (color), and Meeting Program (black and white)

Please Submit High Res Electronic Image of Company Logo, to [LEK5C@hscmail.mcc.virginia.edu](mailto:LEK5C@hscmail.mcc.virginia.edu) by August 1<sup>st</sup>, 2018)

**Silver** \_\_\_\_\_ **\$695**

*Additional Vendor Attendees are \$100 each*

**Gold** \_\_\_\_\_ **\$945**

Includes: 4 Vendor Attendee Registrations, Special Recognition Announcements

**Platinum** \_\_\_\_\_ **\$1,195**

Includes: Unlimited Vendor Attendee Registrations, Special Recognition Announcements, Logo on Signage at Sponsored Event

### Sponsor Opportunities:

<http://www.vabiomed.org/event-2875459>

**Key Note** \_\_\_\_\_ **\$1,000**

**Break Snack Table Sponsor** \_\_\_\_\_ **\$500**

**Breakfast** \_\_\_\_\_ **\$1,500**

**Lunch Sponsor** \_\_\_\_\_ **\$2,500**

**Educational Session Sponsor** \_\_\_\_\_ **\$500**

**Golf-Closest to the Pin** \_\_\_\_\_ **\$150**

**Golf-Longest Drive** \_\_\_\_\_ **\$150**

**Golf-Team Sponsor** \_\_\_\_\_ **\$200**

**Hotel:** Wintergreen Resort, Route 664, Wintergreen, VA 22958

<https://www.wintergreenresort.com/>

(855) 699-1858, or (434)325-2200, Fax (434) 325-8003

### Golf:

#### **Kevin Breen Memorial **Golf** Classic at Devil's Knob Golf Course at Wintergreen Resort**

Call (434)325-8250 (Devil's Knob Golf) or email Michael Wright - [Wright-Michael2@aramark.com](mailto:Wright-Michael2@aramark.com) for questions. \*Captains choice/4 Player Teams VBA Tournament Registration: <http://vabiomed.org/page-138263>



## Vendor/Exhibitor Registration Form (Pay by Check)

**Reminder:** Please submit High Res Electronic Image of Company Logo, website link and advertisement (½ page each color and B&W) for VBA Meeting Program and the VBA Newsletter to [LEK5C@hscmail.mcc.virginia.edu](mailto:LEK5C@hscmail.mcc.virginia.edu) by August 1<sup>st</sup>, 2018.

Company/Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone (please include ext. and /or voice mailbox): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person to Receive correspondence: \_\_\_\_\_

Email for Person to Receive correspondence: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Exhibit Space Special Request: \_\_\_\_\_

Name of Attendee(s)	Email	Title/Position
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



**Exhibit Space Information & Pricing:**

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Gold \_\_\_\_\_ [ ] \$945

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Platinum \_\_\_\_\_ [ ] \$1,195

Includes: Unlimited Vendor Attendee Registrations, Special Recognition Announcements, Logo on Signage at Sponsored Event

**Specific Sponsorship:**

Key Note \_\_\_\_\_ [ ] \$1000.00

Morning Break Sponsor \_\_\_\_\_ [ ] \$500.00

Breakfast \_\_\_\_\_ [ ] \$1500.00

Lunch Sponsor \_\_\_\_\_ [ ] \$2500.00

Educational Session Sponsor \_\_\_\_\_ [ ] \$500

**Golf Sponsorship:**

Golf Team Sponsor \_\_\_\_\_ [ ] \$200.00

Closest to the Pin \_\_\_\_\_ [ ] \$150.00

Longest Drive \_\_\_\_\_ [ ] \$150.00

Academic donation \_\_\_\_\_ [ ] \$\_\_\_\_\_

**TOTAL** \$\_\_\_\_\_

**Total Enclosed** \$\_\_\_\_\_

Submit with the appropriate fees by **September 1, 2018**

Send completed form and check to: **Virginia Biomedical Association**  
**P.O. Box 2800**  
**Chesapeake, VA 23327**  
**VBA Tax ID 54-1719004**