



ASSOCIATION FOR VASCULAR ACCESS

Protect the Patient · Educate the Clinician · Save the Line

VENDOR SOLICITATION

Examples & Ideas

ASSOCIATION FOR VASCULAR ACCESS

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SAMPLE #1

INSERT LOGO HERE

Date

Dear Exhibitor Partners,

We expect a great turn out of vascular access and infusion therapy clinicians from all over the state who practice in a variety of healthcare settings. Many have already expressed great excitement about this opportunity to learn about the latest in vascular access medical devices and products, clinical and best practice.

Your registration fee includes:

- One exhibit booth and continental breakfast and lunch for up to two representatives
- Acknowledgement in our program and during the event
- Spot on the Exhibitor Visit Card
- List of all attendee contact information will be emailed to you after the event

To encourage booth traffic, attendees who visit all booths on the Exhibitor Visit Card will be entered into a drawing for a very special prize.

We currently have two speaking slots open. If you would like to sponsor a speaker of your choice please let us know as soon as possible. We really appreciate your assistance in bringing nationally known speakers to our program. Exhibitors who sponsor speakers are VIPs; therefore, the registration fee for the booth and up to two representatives will be waived.

If your organizations allow, NETWORK would be grateful if you could provide a door prize for our attendees. You will be acknowledged during the drawing for your generosity.

Please submit all questions regarding registration directly to XXXXXX

NETWORK sincerely thanks you for your support.

See you at the event!

SAMPLE #2

INSERT LOGO HERE

NETWORK NAME

Date

Dear Exhibitor Partners,

On behalf of NETWORK, I am delighted to invite you to participate in our next annual Vascular Access Summit taking place on DATE from 8:00a-4:30p at the ADDRESS.

Exhibit space is available for \$350 and includes a 6ft, table, electricity, continental breakfast, lunch and two breaks for up to two representatives. Your organization will be acknowledged during the event and placed on the Exhibitor Visit Card. The Exhibit Card encourages attendees to visit all exhibitors. And of course a list of all attendee contact information will be emailed to you after the event.

NETWORK attendees include vascular access and infusion therapy clinicians from a variety of settings, including acute care hospitals, long-term care facilities, nursing homes, emergency care services, home health agencies, and ambulatory care settings. We look forward to great attendance.

If you would like to sponsor a speaker of your choice, please let us know as soon as possible. We really appreciate your assistance in bringing nationally known speakers to our program. Exhibitors who sponsor speakers are VIPs; therefore, the exhibit fee for and up to two representatives will be waived. The fee for each additional representative is \$70.

Registration and payment submission for this event is easy. Please access the NETWORK website at WEB ADDRESS. If you are not the person responsible for booking, please forward this information to the appropriate person. All exhibitors and representatives must be registered separately. If an administrator from your organization handles registration, make sure the name of each representative is registered and not the administrator.

If your organizations allow, please bring a door prize to be presented on behalf of your company. You will be acknowledged during the drawing for your generosity.

Please don't miss this rewarding opportunity to showcase your products and network with your Florida Vascular Access Clinicians. Many have already expressed great excitement about this opportunity to learn about the latest in vascular access medical devices, products and clinical best practice.

Please submit all questions regarding registration directly to XXXXXXXXXXXX.

NETWORK sincerely thanks you for your support.

SAMPLE #3

INSERT LOGO HERE

DATE

Dear Representative,

NETWORK NAME is holding their NAME OF EVENT on **DATE** at LOCATION and you are invited to display your products at our conference. **NETWORK** is an exciting multidisciplinary organization composed of vascular access specialist, home care clinicians, physicians, pharmacist, educators, clinical infusion specialist, respiratory therapist, infection prevention practitioners and manufacturers with a vested interest in Vascular Access. **NETWORK** provides an opportunity for these individuals to improve their quality of care, clinical knowledge base and enhance patient outcomes by focusing on best practice and evidence base measures in vascular access.

The exhibitor fee for the one-day conference **Sponsorship** is **\$1000**. This will give you table and seating priority along with a special thank you and acknowledgement in the introductions for your committed ongoing, proactive and continued support for Infusion Therapy and Vascular Access. Based on last years attendance and the expertise of our speakers we are expecting a very large crowd so be sure to reserve your table early.

Continental breakfast and lunch will be provided.

Please complete attached registration form and mail with a check payable to:

NETWORK:

ADDRESS

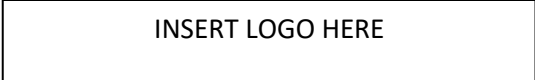
Tax ID #XX-XXXXX NETWORK FORMAL NAME

We look forward to hearing from you. Thank you in advance for your generous support.

Sincerely,

NETWORK OFFICER

SAMPLE #4



DATE

Company: _____

Dear _____,

NETWORK is hosting its first annual symposium in CITY. It will be held on DATE at the LOCATION.

NETWORK NAME is a local Network of the Association of Vascular Access (AVA). AVA is a professional organization that aims to promote vascular access excellence in clinical practice through continuing education. It is also considered as networking among medical practitioners, nurses and vendors in the field of vascular access to promote an outstanding outcome.

NETWORK is committed to making this symposium a success and expect a significant increase in registration and vendor sponsorship. One of the goals is disperse this symposium not only among CITY attendees as well as statewide with the speakers coming from other parts of the United States.

We would like to invite you and your company/organization to be a part of this milestone as a sponsor and exhibitor. This is a great opportunity to showcase your products, services, and organization to all the members and delegates. We value your collaboration and generous contribution towards the success of this event.

If you plan to participate, please complete the form and return it by DATE.

On behalf of NETWORK, thank you and we look forward to your participation. We hope that you will continue to support all our endeavors in providing excellence with vascular access.

Sincerely,

NETWORK REPRESENTATIVE

SAMPLE #4 (cont'd)

Name of Organization/Company/Agency: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Facsimile: _____

Table Exhibitor (\$500)

Fee includes:

- One free registration fee with free breakfast and lunch
- Table with 2 chairs and wastebasket
- Signage display at entrance of the symposium

Cancellation Policy

Cancellations 30 days before the event are subject to a 25% charge. All Cancellations must be in writing. No refunds will be given for cancellations made less than 30 days before the event.

Authorized Signature: _____ Date _____

Printed Name: _____

Please do not write below this line (For official use only)

Solicited By: _____

Remarks: _____

Payment received by: _____ Date: _____

Please check below as appropriate and send the completed form with corresponding fees by DATE.

Make all checks payable to: NEXTWORK

Mail Payment to ♦ CONTACT NAME ♦ CITY, STATE ZIP ♦

Cell: ♦ WK:

SAMPLE #5

INSERT LOGO HERE

DATE

NAME
COMPANY NAME
ADDRESS/EMAIL

Dear NAME:

On behalf of the **NETWORK** leadership board, we would like to welcome you and **COMPANY NAME** to sponsor our **educational dinner meeting (or name of event)** on **DATE**. Details are listed below.

- Title of Presentation:
- Date:
- Time:
- Location:
- Attendees: Include local Network Members and visiting healthcare providers
- Attendance Expected: **XX** attendees
- Agenda of Meeting: See attached flyer
- Sponsorship Amount: **\$XXXX**
- CE information: 1 CE requested pending approval by AVA
- **Network** Tax ID #: **XX-XXXXXXX** (w-9 available upon request)

Thank you for your support in bringing vascular access education to our community. We look forward to working with on this and future events.

Best Regards,

SAMPLE #6

INSERT LOGO HERE

Date

Dear NETWORK Friends,

NETWORK is planning educational programs for 2019. As a valuable member of our community, we'd like to invite you to help us make 2019 our most successful year ever. Your support helps highlight the importance of recognizing our members for their work and commitment to vascular access and infusion therapy.

We're seeking sponsorship for dinner meetings in CITY/AREA during the upcoming months of February, March, May, August and November. Typically, we have XX members in attendance. NETWORK will manage the advertising, registration and CE process for nursing attendees.

Our members tell us the support they receive from our vendor friends such as you increase their knowledge and clinical practice, enabling them to provide a higher standard of care ultimately maximizing patient outcomes.

We hope that you are interested in joining our effort to show our respect, admiration, and support for members. Please visit our website to learn more about us at [WEB ADDRESS](#).

To discuss the details of sponsoring one of our local educational dinner meetings, please contact me by email or phone.

Thank you in advance for your consideration. Happy Holidays!

Respectfully,

NETWORK REPRESENTATIVE