

15th Annual Joint Meeting of the Councils on Renal Nutrition Thursday, October 17, 2019 Batavia Downs Gaming & Racing, Batavia, NY 14020

Exhibitor and Sponsorship Opportunities

The 15th Annual Joint Meeting of the Upstate and Western New York Councils on Renal Nutrition is a day-long symposium that will be of great value and interest to approximately 150 healthcare professionals. This program will provide 8 continuing education credits for dietitians, dietetic technicians, social workers and nurses with an emphasis on CKD focusing on treatment and interventions to delay progression of CKD.

PLATINUM PRESENTING SPONSOR (Exclusive) - \$2,250

- Logo Displayed on give-away item.
- Special signage in the exhibitor area.
- Registration Table signage.
- Picture of company logo posted on NKF social media page
- Sponsor logo posted on NKF website.
- Promotional piece included in all attendee bags.
- Verbal acknowledgement at opening remarks.
- Listed as The Presenting Sponsor on program flyer.
- 4 complimentary registrations to symposium.

GOLD SPONSOR - \$1,500

- Registration Table signage.
- Picture of company logo posted on NKF social media page.
- Sponsor logo posted on NKF website.
- Promotional piece included in all attendee bags.
- Verbal acknowledgement during program.
- Listed as a **Gold Sponsor** on program flyer.
- 3 complimentary registrations to symposium.

_SILVER SPONSOR - \$1,250

- Registration Table signage.
- Promotional piece included in all attendee bags.
- Verbal acknowledgement during program.
- Listed as a **Silver Sponsor** on program flyer.
- 2 complimentary registrations to symposium

EXHIBITOR - \$600

- Registration Table signage.
- Puts your company in direct contact with health professionals. Corporate banner display, product distribution, participant gift opportunities.
- 1 complimentary registration to symposium.



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Please check your company's commitment	level:		
Presenting Sponsor (Exclusion	ive) \$2,250		
Gold Sponsor \$1,500			
Silver Sponsor \$1,250			
Exhibitor Fee \$600			
Contact/ Representative			
Position/Title			
Company / Organization			
Address			
City / State / Zip			
Email			
** Payment for the 15 th Annual Joint Meeti Please invoice our company for \$ My check made payable to the Nati	ional Kidney Foundation	is enclosed f	
Please charge my credit card for \$_			
Card #	Exp. Date	C\	VC
Signature	Date		

**No refunds available.

Please return a completed form via mail or email to:

Susan Brayer 1344 University Avenue, Suite 270 Rochester, NY 14607 585.598.3963 EXT. 373

susan.brayer@kidney.org