EXHIBIT AND SUPPORT PROSPECTUS

29th ANNUAL

PERSPECTIVES IN UROLOGY

POINT © COUNTERPOINT



November 18-20, 2021

Coronado Island Marriott San Diego, California

PROGRAM CHAIR

E. David Crawford, MDProfessor of Surgery, Urology
University of California, San Diego
San Diego, CA





EXHIBIT AND SUPPORT APPLICATION

EXHIBIT APPLICATION (Please read and sign page 4): ☐ My company would like to exhibit at the Conference (3 days, one 6-foot table, \$5,000). Space is limited and available on a first-come, first-served basis. Additional information on exhibiting will be provided upon confirmation. **COMMERCIAL SUPPORT PREFERENCES** My company would like to support the Conference. See below for information on individual support opportunities. □ Platinum (\$30,000) □ Gold (\$20,000) Silver (\$15,000) ☐ Bronze (\$10,000) Platinum Level - \$30.000 Includes one premium exhibit booth space and 6 complimentary full conference registrations • Support of one product theater slot (exclusive of speaker expenses and/or honorarium), including food and beverage and AV costs • Partial support of PCP Welcome Reception (includes signage) Support of lanyards with company name Complimentary one-page insert into meeting bag (content must be provided by sponsor) • Receipt of a complete attendee list after the conference Gold Level - \$20,000 Includes one premium exhibit booth space and 5 complimentary full conference registrations Support of one product theater slot (exclusive of speaker expenses and/or honorarium), including food and beverage and AV costs Support of WiFi and Charging Station Complimentary one-page insert into meeting bag (content must be provided by sponsor) Receipt of a complete attendee list after the conference **Silver Level** - \$15,000 Includes one premium exhibit booth space and 4 complimentary full conference registrations Support of two coffee breaks (includes signage) Complimentary one-page insert into meeting bag (content must be provided by sponsor) Receipt of a complete attendee list after the conference **Bronze Level - \$10.000** Includes one premium exhibit booth space and 3 complimentary conference registrations Support of one coffee break (includes signage) • Receipt of a complete attendee list after the conference ☐ Exhibit space (6' tabletop only) - \$5,000 for all three days includes (2) complimentary registrations □ One-hour Satellite Symposia* slots (non-CME), Breakfast (2) - \$20,000 each; Luncheons (2) - \$20,000 each ☐ Plenary Sessions - \$20,000 each (includes support for online publication/hosting of online content) ☐ Faculty Dinner - \$7,500 ☐ Daily Coffee/Refreshment Breaks - \$10,000 each (all 4 breaks) ☐ Advisory Board timeslot - \$10,000 ☐ WiFi and Charging Station Sponsorship - \$10,000 ☐ Online Virtual Exhibit - \$3.500 ☐ Online Product Video (1-2 minutes) - \$2,500

Grand Rounds in Urology - \$40,000

 \square Conference Satellite Symposium highlights printed and web publication as a non-CME supplement to

□ Conference highlights printed and web publication as a non-CME supplement to *Grand Rounds in Urology* (Includes delivery of requested copies in print and online opt-in delivery) - \$50,000
 □ Conference highlights webcast (support of selected online lectures) - \$40,000 (non-CME)

[☐] Conference Satellite Symposium highlights webcast - \$20,000 (non-CME)

^{*} Pricing includes costs for meal, room rental, and AV equipment and staff. All presentations at the **PCP 29** are the property of the organizer. Any unauthorized reprint, electronic replication or other dissemination of the content of the **PCP 29** is a copyright infringement. These ownership rights apply to the content of plenary sessions, concurrent sessions, workshops, abstracts, satellite symposia, and all other scientific presentations.

APPLICANT INFORMATION

Applicant name and address as it should appear in the Official Program		
Contact Name:		
Title:		
Company:		
Address:		
City: State/Provinc	e: Zip/Postal Code:	
Country:		
Phone: Fax: _		
Contact E-mail:		
PAYMENT INFORMATION		
All payments must be made in US dollars. Make checks payable to "Carden Jennings Publishing Co., Ltd." Please remit payments by November 1, 2021 . Tax ID Number: 62-1460831		
We agree to pay the TOTAL sum of (USD): \$		
 □ I will pay by check (please make payable to "Carden Jennings Publishing Co., Ltd.") □ Please send me an invoice to process payment. □ I will pay by credit card (see details below) 		
CREDIT CARD AUTHORIZATION, if applicable		
Card Holder Name:	□ Visa □ MasterCard □ American Express	
Card #:	Expiration Date (MM/YY): CVV Code:	
Signature:	Date signed:	

Cancellation Policy: Notification of cancellation of exhibit space must be submitted in writing to Marc Weathersby (email acceptable: marc@cjp.com) prior to October 1, 2021. Cancellations received in writing on or before October 1, 2021, are subject to a \$1000 administrative fee. Cancellations received after October 1, 2021, will NOT receive a refund. Paid space unclaimed by 5:00pm on Wednesday, November 17, 2021, may be repossessed without indemnity and reassigned by the *PCP 29* Organizers.

Please forward completed form and payment to:

Marc Weathersby Carden Jennings Publishing Co., Ltd. 375 Greenbrier Drive, Suite 100 Charlottesville, VA 22901

Phone: 434-817-2000 • Fax 434-817-2020 • E-mail: marc@cjp.com

The undersigned Applicant hereby makes application to obtain from Carden Jennings Publishing Co., Ltd. ("Conference Management"), the exhibit space, commercial support preferences, and special function support preferences selected in this Exhibit and Support Application (collectively, the "Services"). The Applicant acknowledges and agrees exhibit space locations shall be assigned by Conference Management, by its own discretion. The Applicant acknowledges and agrees that, upon acceptance by Conference Management, this Exhibit and Support Application will become a contract between Conference Management and the Applicant for the provision of the Services and that the Services shall be provided subject to the terms of the standard Conference Support and Exhibition Terms and Conditions agreement, which is available at: https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/.

Please have an authorized party sign and date below to indicate your agreement with the terms and conditions contained in this Exhibit and Support Application.

I agree with and accept the terms of this Exhibit and Support Application and in the Conference Support and Exhibition Terms and Conditions agreement, which is available at: https://grandroundsinurology.com/conference-support-and-exhibition-terms-and-conditions/

For (Print Applicant's Company Name):		
By (Authorized Signature):		
Print Name:	Title:	
Date:		

Please contact us if you need any additional information. **SEE YOU IN SAN DIEGO!**