



A Walk Worth Taking

B MDF HEALTHCARE MISSIONS CONFERENCE
St Louis Airport Hilton - St Louis, MO
April 19-21, 2012

Exhibitor Registration

2012 BMDF Healthcare Missions Conference
Hilton St Louis Airport Hotel - St Louis, Missouri
April 19-21, 2012

Organization Contact Info

Organization Name (as it should appear in publications) _____

Address _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Website URL _____

Contact Person (not necessarily attending conference) _____

Email Address _____

Purpose Statement

50-word description of your organization as it should appear in publications (mission statement, objectives, goals, etc.)

Why EXHIBIT?

1

We're active.

You'll interact with dynamic and involved attendees. Every year a large majority of BMDF members are involved in stateside and international healthcare mission projects.

2

We're diverse.

Attendees include physicians, dentists, nurses, other health professionals, and a wide variety of non-health types interested in medical ministry and missions.

3

We're growing.

Medical students and residents value the networking and training at our conferences. You'll have opportunities to capture the attention of up and coming healthcare professionals.

4

We're affordable.

BMDF offers very competitive exhibitor participation fees and low registration fees – these keep our attendees coming back year after year.

To Do

- Email **organization logo** as a .jpg bmdf@bmdf.org
- Mail this form and related fees to **BMDF – 4209 Royal Ave – Oklahoma City, OK 73108**

GENERAL EXHIBIT FEES

EXHIBIT FEE **\$250** **Total:** _____

Fee includes display area, table, white tablecloth, 2 chairs, trashcan, extension cord, power strip + posting of organization's description, logo and web address in program booklet and at www.bmdf.org + free early storage of packages at the hotel.
*Items must arrive no earlier than 3-5 days before conference. Label must include "St Louis Airport Hilton – c/o Jennie Haley", your name and "BMDF Conference".

WIRELESS INTERNET **\$75/line for entire meeting** **Total:** _____

WIRED INTERNET **\$125/line for entire meeting** **Total:** _____

REPRESENTATIVE 1 **Reduced Registration: \$50** **Total:** _____

NAME _____ EMAIL _____

REPRESENTATIVE 2 **Reduced Registration: \$50** **Total:** _____

NAME _____ EMAIL _____

OPTIONAL CONFERENCE EVENTS

FRIDAY Breakfast w/Missionaries **\$25/person x _____** **Total:** _____

SATURDAY B'fast w/Missionaries **\$25/person x _____** **Total:** _____

SATURDAY Dental Breakfast **\$25/person x _____** **Total:** _____

SATURDAY Evening Banquet **\$40/person x _____** **Total:** _____

ADDITIONAL MARKETING OPPORTUNITIES

PROGRAM BOOKLET AD **Full color back cover - \$800*** **Total:** _____

Full page black and white - \$500* **Total:** _____

MEETING BREAK SPONSOR **Full sponsorship - \$3600*** **Total:** _____

Shared sponsorship – designate amount **Total:** _____

MEETING RECEPTION SPONSOR **Full sponsorship - \$6000*** **Total:** _____

Shared sponsorship – designate amount **Total:** _____

*Check for availability – (405) 606-7027 or bmdf@bmdf.org

TOTAL ENCLOSED: _____

PAYMENT OPTIONS

CHECK ENCLOSED OR **CREDIT CARD**

Name on Card _____

Address (if different from organization's) _____

Account Number (16 digits) _____

Expiration _____ CVV2 (3 or 4 number security code on back of card) _____

LAST THINGS TO DO

Email organization **LOGO** as a .jpg to bmdf@bmdf.org

Fax (405) 609-3203 or mail this form and related fees to BMDF – 4209 Royal Ave – Oklahoma City, OK 73108