



PAMES Pacific Association of Medical Equipment Services
 425 3rd St. SW Jamestown, ND 58401 701-320-8656
www.pames.org pames@daktel.com

Associate/Vendor Member 2024 Annual Sponsorship Program
Our 2024 Conference will be held Sept. 17th-18th at the Seattle Embassy Suites in Seattle, WA

BENEFITS	BASIC \$500.00	SILVER \$1500.00	GOLD \$2000.00	PLATINUM \$4000.00
1-Year Annual Membership	X	X	X	X
Your Company Name on our Website	X	X	X	X
Recognition at all PAMES Events	X	X	X	X
Email Updates for the Association	X	X	X	X
Eligible for a Position on the PAMES Board of Directors		X	X	X
Booth at Fall Conference		X	X	X
Company Logo in all PAMES Advertising & Conference Materials		X	X	X
Special Recognition at PAMES Conference & Events		X	X	X
Preferred Booth Placement at Fall Conference			X	X
Webinar Presentation Opportunity for all PAMES Members			X	X
Email Marketing Opportunity for all PAMES Members			X	X
\$500.00 Partial Conference Sponsorship			X	X
Opportunity to Present Your Company Bio at the Conference				X
Fall Conference Lunch or Main Event Sponsorship Recognition				X

Please complete ALL information below and return to the PAMES Office with payment:

Company: _____ Address: _____ City: _____
 State: _____ Zip Code: _____ Phone: _____ Fax: _____ Website: _____
 Primary Contact: _____ Title: _____ Email: _____ Phone: _____
 Secondary Contact: _____ Title: _____ Email: _____ Phone: _____
 If Applicable: National Associations: AAHC _____ VGM _____ NCART _____ AARC _____ RESNA _____ Other _____

*** Conference Information: The amount listed above includes the booth registration fee for 2 reps. If more reps are needed, add an additional \$150.00 each. All Vendors have access to the hotel WIFI for the conference. If additional electricity is needed for your booth there is an additional \$100.00 fee per booth.

PAYMENT INFORMATION

Sponsorship Level: _____ \$500 _____ \$1500 _____ \$2000 _____ \$4000
 • Additional REP for Conference: _____ \$150.00 each
 • Electrical Hook Up for booth: _____ \$100.00 per booth
 • Total Amount to be charged/submitted to PAMES: \$ _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____ Name on Credit Card: _____
 Billing Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____
 Signature of Cardholder: _____ Email for Receipt: _____

Please send completed form with check or credit card information to: PAMES Association 425 3rd St SW Jamestown, ND 58401

***An additional 3% service fee will be charged to the card holder for all credit card transactions