



Annual Symposium & Senior Market Summit

March 16-17, 2023

South Carolina Association of Health Underwriters
UofSC Pastides Alumni Center
Columbia, SC

Annual Symposium Sponsor Opportunities March 16, 2023

~~Lunch Sponsor • \$3,500 • Exclusive~~ **SOLD OUT**

- 6-foot vendor table with two chairs, prominent location
- 3-minute address to attendees
- 4 attendees
- Pre-and Post-meeting promotion (social media/website)
- Onsite meeting promotion
- Logo displayed during lunch
- Attendee list

Gold Sponsor • \$3,000 • Two Available

- 6-foot vendor table with two chairs, prominent location
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- Onsite meeting promotion
- Attendee list

~~Speaker Sponsor • \$1,500 • Two Available~~ **SOLD OUT**

- 6-foot vendor table with two chairs
- 2-minute address to attendees
- 2 attendees
- Pre-and Post-meeting promotion (social media/website)
- Onsite meeting promotion
- Attendee list

Break Sponsor • \$750 • Two Available

- 2 attendees
- Pre-and Post-meeting promotion (social media/website)
- Onsite meeting promotion
- Attendee list

~~Coffee Cart Sponsor • \$300 • Two Available~~ **One left!**

- 2 attendees
- Pre-and Post-meeting promotion (social media/website)
- Onsite meeting promotion

Exhibitor • \$650* One left!

- 2 comp. attendees; \$65/each additional attendee
- 6-foot vendor table with two chairs
- Pre-and Post-meeting promotion (social media/website)
- Onsite meeting promotion
- Attendee List
- \$50 for electricity

**\$1000 rate available for those who exhibit on both days
(Annual Symposium AND Senior Market Summit).*

Senior Market Summit Sponsor Opportunities March 17, 2023

Lunch Sponsor • \$3,500 • Exclusive

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Gold Sponsor • \$3,000 • Two Available

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**\$1,000 rate available for those who exhibit on both days
(Annual Symposium AND Senior Market Summit).*

Register Online at SCAHU.org. Questions? Call (843) 779-7009



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Health Underwriters
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Columbia, SC

Sponsor/Exhibitor Registration Form

Company Name _____

Attendee Name _____

Address _____

Phone _____ Email _____

Exhibitor / Sponsor Options (select all that apply)

- | | |
|---|--------------|
| <input type="checkbox"/> Sponsor Level _____ | Amount _____ |
| <input type="checkbox"/> Exhibitor Booth One Day \$650 (circle one: Symposium or Senior Summit) | _____ |
| <input type="checkbox"/> Exhibitor Booth \$1,000 (Both Symposium and Senior Summit) | _____ |
| <input type="checkbox"/> Booth Electricity - \$50.00 | _____ |
| <input type="checkbox"/> Additional Attendees Qty _____ @ \$65.00 each = | _____ |

Total Amount Due _____

Make checks payable to:
South Carolina Association of Health Underwriters
PO Box 80994, Charleston SC 29416

Credit Card Payment:

Name on credit card _____

Credit Card Number _____

Exp date _____ Security code _____

Billing address _____

Questions? Call (843) 779-7009

**South Carolina Association of Health Underwriters
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USC Pastides Center • 900 Senate Street • Columbia SC**