



**KIDNEY FOUNDATION
OF OHIO, INC.**

47th Annual Renal Symposium

September 22-23, 2022

Wagner's of Westlake

30855 Center Ridge Road, Westlake, Ohio 44145

This annual event attracts over 400 participants from the renal community, including nurses, technicians, social workers, transplant coordinators, case managers and dietitians from major dialysis providers and hospitals, including FMC, DaVita, Centers for Dialysis Care, US. Renal, the Cleveland Clinic and University Hospitals. Nationally recognized experts provide the latest information regarding renal health care that addresses the latest issues and trends in dialysis and transplantation.

Over 35 exhibitors attend the event, displaying the latest products and services pertaining to kidney disease. Participants earn Continuing Education Units (CEUs) and have the ability to network with professionals within their field. CEUs are available for dietitians, nurses, social workers, technicians and transplant coordinators.

To encourage participants to visit sponsor and exhibitor tables each day of the symposium, the Kidney Foundation of Ohio has created a 'vendor raffle'. Participants visit each vendor to receive a stamp on his/her raffle card on top of your company's name. Once every box has been stamped, guests deposit cards into a drawing box located at registration. Drawings will be conducted at 3:00pm on Thursday and Friday.

For questions or more details, contact Molly DeBrosse, LSW at:
(216) 771-2700 or mdebrosse@kfohio.org.

Sponsorship Levels

Platinum Sponsor: \$7,500

- Logo prominently positioned on program book cover, website, promotional materials, and e-communications
- Opportunity for representative to speak from podium during conference, both days of conference
- Full page advertisement in preferred section of program book
- Two, six foot, covered exhibitor tables in premium location (*both days of conference*)
- Podium recognition and signage at conference
- Complimentary lunch for four representatives

Gold Sponsor: \$3,600 Limited Availability

- Logo inside program book, company name listed on promotional materials and e-communications
- Limited presentation – (*one day of conference, during lunch break*)
- Half page advertisement in program book
- Six foot, covered exhibitor table in prime location (*both days of conference*)
- Podium recognition and signage at conference
- Complimentary lunch for two representatives

Silver Sponsor: \$2,500

- Company name listed inside program book and e-communications
- Half page advertisement in program book
- Six foot, covered exhibitor table in prime location (*both days of conference*)
- Signage recognizing sponsorship at conference
- Complimentary lunch for two representatives

Bronze Sponsor: \$1,500

- Company name listed inside program book
- Quarter page advertisement in program book
- Six foot, covered exhibitor table in preferred location (*both days of conference*)
- Signage recognizing sponsorship at conference
- Complimentary lunch for two representatives

Exhibitor Levels

Preferred: \$400 (one-day) / \$700 (two-day)

- Six foot, covered exhibitor table in preferred location
- Complimentary lunch for two representatives
- Company listed as exhibitor in program book

Regular: \$350 (one-day) / \$600 (two-day)

- Six foot, covered exhibitor table in general location
- Complimentary lunch for two representatives
- Company listed as exhibitor in program book

Non-Profit: \$200 (one-day) / \$350 (two-day) – rate excludes hospitals and universities

- Six foot, covered exhibitor table in general location
- Complimentary lunch for two representatives
- Organization listed as exhibitor in program book



**KIDNEY FOUNDATION
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Registration Form

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you need electricity? Yes No

Name of Rep(s) Attending: 1. _____

2. _____

Payment Information

Check enclosed (Made payable to *Kidney Foundation of Ohio*)

Charge my credit card Visa MasterCard American Express Discover
(2% processing fee will be added)

Name as it appears on card _____

Card Number _____ Exp. _____

Security Code _____ Billing Zip Code _____

Sponsorship & Exhibitor Levels

Sponsorship Levels

_____ Platinum	\$7,500
_____ Gold	\$3,600
_____ Silver	\$2,500
_____ Bronze	\$1,500

Preferred Exhibitor

_____ Both Days	\$700
_____ Thursday	\$400
_____ Friday	\$400

Regular Exhibitor

_____ Both Days	\$600
_____ Thursday only	\$350
_____ Friday only	\$350

Non-Profit Exhibitor

_____ Both Days	\$350
_____ Thursday only	\$200
_____ Friday only	\$200

**Return form and payment
by Friday, August 12:**

Kidney Foundation of Ohio
2831 Prospect Avenue, Cleveland, Ohio 44115
(216) 771-2700 phone (216) 771-5114 fax
mdebrosse@kfohio.org
www.kfohio.org