

# NACFC 2020 SUPPORTER APPLICATION & AGREEMENT

## COMPANY INFORMATION

**Applying as:**

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Company Name (as displayed on printed materials)

Pharmaceutical Company     
  Pharmacy     
  Medical Device Company     
  Other

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Description of Company

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Activities/Purpose

## APPLICATION GUIDELINES & PAYMENT POLICIES

- All supporter applications require 100% payment upon receipt of invoice
- Companies wishing to cancel or reduce their support tier are required to submit a written request by **August 5, 2020**. Official cancellation date will be in effect the date written notification is received.
- 50% of the total fee will be retained for cancellations received on or before August 5.
- Selection of support opportunities will be on a first-come first-served basis (with the exception of opening support selection as determined by 2019 support level).
- All supporter materials must be submitted to NACFC for approval by **September 4**.
- All supporter content (logo, links, graphics, description, collateral) must be submitted and finalized by **September 11**.
- Supporters must claim complimentary registration(s) by **October 5**. Supporters who do not claim the registration(s) by the deadline forfeit their right to claim complimentary registrations.

## SUPPORTER LEVELS *(Details listed in the Prospectus)*

Please select one of the following supporter and exhibitor packages:

<input type="checkbox"/> Prestige ..... \$150,000	<input type="checkbox"/> Select ..... \$25,000
<input type="checkbox"/> Premiere ..... \$100,000	<input type="checkbox"/> Supporter ..... \$5,500
<input type="checkbox"/> Signature ..... \$50,000	

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## ITEMS TO BE SUPPORTED

See support opportunities in the NACFC 2020 Prospectus. Support opportunities are available on a first-come, first-served basis. Some opportunities have limited availability.

1) Item

2) Item

3) Item

4) Item

5) Item

## COMPANY CONTACT INFORMATION

Company Name

Contact

Title

Address:

City

State

Postal Code

Country

Email

Company Website

Phone

Fax

Onsite Contact

Email

**Submit your payments online**

Visit the Exhibitors and Supporters tab  
on our website

<https://www.nacfcconference.org/Payment.aspx>

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## NACFC 2020 SUPPORTER APPLICATION & AGREEMENT

### WILL YOU BE USING A THIRD-PARTY MEETINGS MANAGEMENT COMPANY?

Yes       No

If yes, please provide third-party contact information and authorization with this application.

#### ACCEPTANCE

Application is hereby made for non-educational virtual support at NACFC 2020. Please read carefully and check the corresponding boxes to indicate agreement of the following:

- I am an authorized representative of the company named above with full authority to sign and deliver this application. The company listed on this application agrees to comply with the NACFC 2020 Code of Conduct and the Guidelines, Rules, and Regulations applicable for supporters at NACFC 2020.
- I understand that my application will not be considered unless/until all sections and requirements of this application are received and complete.
- I understand my signature below commits my company to the support package and support opportunities requested on this form.
- If I wish to reduce my supporter commitment or support opportunities, I will refer to the application guidelines and payment policies indicated on this form.
- All correspondence will be with the person listed on previous page, and this contact person will be responsible for forwarding all materials to agents and/or representatives hired by the supporting company.
- I understand that if this application is accepted, a confirmation and invoice will be sent by NACFC Show Management via email. All terms of this application are considered an agreement unless otherwise notified by NACFC Show Management.
- Some participants of the conference will be people with CF and their families. I understand that supporters are prohibited from contacting these participants. Non-clinician/non-researcher participants will be clearly identified for ease of compliance.
- The CFF is dedicated to empowering people with CF and families to successfully manage and sustain their daily care through a multi-pronged approach. Part of this effort includes reframing the topic of adherence to emphasize the important role partnerships between clinical care teams and patients/families are in developing and sustaining care. As an authorized representative of my company, should any of my participation at NACFC address the topic of adherence, I agree to speaking to the CFF's Partnership for Sustaining Daily Care (PSDC) team to learn how our program can reframe adherence. For more information please contact [PSDCteam@cff.org](mailto:PSDCteam@cff.org).

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

**Rebekah Kim**  
**Meeting Planner and Exhibit Specialist**

Email: [Exhibit-Support-NACFC@cff.org](mailto:Exhibit-Support-NACFC@cff.org)