

**Medical Cannabis Symposium**  
**Sponsor & Exhibitor Prospectus**  
**Northern Michigan University**

Saturday October 6, 2018  
11:00 AM – 4:00 PM

**Presenting Sponsor - \$600.00**

15 minutes speaking opportunity to promote your products and services  
Half page advertisement in the Symposium Program  
Company promotional item in event bags  
Placement in the My Compassion Online Business Directory  
Company promoted on My Compassion social media  
Logo on digital screens in Jamrich Hall  
Front and Center exposure to attendees  
1 - 8 ft Table with 2 chairs  
6 - Admission tickets

**Exhibitors – \$300.00**

Quarter page advertisement in the Symposium Program  
Company promotional item in event bags  
Placement in the My Compassion Online Business Directory  
Company promoted on My Compassion social media  
1 – 8 ft Table with 2 chairs  
4 - Admission tickets



For more information visit [mycompassion.org/nmusymposium](http://mycompassion.org/nmusymposium)  
Email [info@mycompassion.org](mailto:info@mycompassion.org) or call 844-226-6200

## Medical Cannabis Symposium – October 6, 2018 - Event Contract

Please select from below: Check if you will be providing event bag item for Attendees \_\_\_\_\_

\_\_\_\_\_ \$600.00 Sponsor

\_\_\_\_\_ \$300.00 Exhibit

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please email company ad and logo by September 21, 2018 to be included in the program. Email to: [info@mycompassion.org](mailto:info@mycompassion.org). My Compassion and C.A.R.E. are not responsible for errors the sponsor fails to correct. Please provide print ready ad - 300 dpi PDF or JPG. Deadline date of September 21, 2018 must be met to allow for maximum exposure.

Payment: Please make checks payable to: My Compassion.

To pay by credit card, please visit [mycompassion.org/nmusymposium](http://mycompassion.org/nmusymposium) - Under buy tickets tab.

Return signed contract and full payment no later than: September 21, 2018 to:

My Compassion  
PO Box 1701  
Taylor, MI 48180.

By signing, I agree to my chosen sponsor/promotional item level for the Medical Cannabis Symposium.

Sign \_\_\_\_\_ Date \_\_\_\_\_

RELEASE AND WAIVER OF CLAIMS: In consideration of My Compassion and C.A.R.E. (Cannabis Association for Responsible Education) allowing participation in agreed promotional activities and/or the use of equipment and facilities, I hereby release and hold harmless My Compassion and C.A.R.E. all of their respective directors, officers, employees, agents, independent contractors, sponsors, speakers, successors, presenters from any and all rights, claims, demands, losses, damages, expenses, costs and actions (including reasonable attorney's fees to me or my property, whether arising from, without limitation, the negligence of My Compassion and C.A.R.E. or otherwise, which I, my heirs, executors or assigns may have in connection with my voluntary participation in the activities or use of any facilities or services in connection therewith, including without limitation, any bodily injuries, death, personal injuries or property damage that I may incur or which may arise or result from my voluntary participation in the activities). I acknowledge that my participation in the activities shall be subject to the rules and regulations which My Compassion and C.A.R.E. may require and that I shall be obligated to pay for any damage that I may cause while participating in the activities.

Further, I hereby grant My Compassion, C.A.R.E. and their sponsors the perpetual, worldwide right to make both visual and/or audio recordings and still images of me, my company and its representatives and to use my name, company name, voice, likeness, and biographical information in connection with the activities in any of the My Compassion or C.A.R.E. events or related programming, promotional/marketing materials, and/or other media (collectively, the "media") and for the purpose of advertising, marketing and/or promoting My Compassion and C.A.R.E., their sponsors, supporters, speakers and presenters. I agree that the rights granted hereunder shall include the perpetual, worldwide right of My Compassion, C.A.R.E. and their sponsors to edit, telecast, cablecast, rerun, record, publish, reproduce, use, license, print, distribute or otherwise exploit my name, my company, voice, likeness, and biographical information in any manner and in any medium or forum whether now known or hereafter devised, in whole or in part, without any further compensation to our company or its representatives.

By signing, I agree to the terms and conditions of the Medical Cannabis Symposium at NMU as provided on this page.

Sign \_\_\_\_\_ Date \_\_\_\_\_