WOUND WEEKTM 2020

For Clinicians, By Clinicians April 16-19, 2020 | Milwaukee, WI



www.woundweek.com

OVERVIEW

Exhibiting sponsors of the Wound Week[™] 2020 are invited to participate in a NON-CME Hands-on Workshop Pre-conference session. The Hands-on Preconference session is intended to provide participants with an introduction to new technologies and an interactive environment to improve clinical skills using advanced training. Workshop sponsors must provide products and materials for the personalized hands-on experience.

Wound Week[™] 2020 encourages dynamic demonstration with and educational focus led by a clinically experienced and trained proctor with an at each workshop. Participating sponsors are welcome to invite Wound Week[™] 2020 faculty members to be a workshop proctor. It is the responsibility of the workshop sponsor to recruit proctor(s), negotiate honoraria and expenses and communicate all necessary workshop details.

Company name, workshop title, description, and proctor will be included in the onsite printed program. Wound Week[™] 2020 will also promote the workshops online, via emails, and in other materials. Space for this event is limited. Applications will be accepted on a first come basis. Final selection of sponsors may be based on specific educational content/topic.

TIMELINE

Monday, March 16

Print and Payment Deadline

Thursday, April 16

12:00 – 12:30pm:	Move-In
1:30 – 5:30pm:	Workshops
5:30 – 6:30pm:	Move-Out

Location

Hyatt Regency Milwaukee 333 W Kilbourn Ave Milwaukee, WI 53203



APPLICATION DETAILS

- \$2,000
- Additional tables may be rented for \$1,000 per table.
- Receive a \$500 discount if also exhibiting.

EQUIPMENT

- Two 6'x30" tables with linens and two (2) chairs.
- Electrical and internet may be ordered directly from the venue.

CANCELLATIONS

- 50% Penalty On/After February 17, 2020 Before March 15, 2020.
- No Refunds will be given after March 16, 2020 No refunds for "No-Shows."





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All fields below must be completed. Incomplete applications will **not** be accepted.

COMPANY INFORMATION

Company Name					
Address					
City			State	Zip	
First Name		Last Name			
Work Phone		Mobile Phone			
Email		Signature			
PROCTO	R				
City			State	Zip	
WORKSH	OP DETAILS				
CATEGORY:	 Bedside Grafting Total Contact Casting 	Cellular and Tissue Based Products Co Negative Pressure Wound Therapy	•	Vascular Screening	
Title					

PAYMENT REGISTRATION

Upon receipt of application, an invoice will be sent to the email address provided above with online credit card and Check payment options.

Payments must be received prior to the meeting date; move-in will not be permitted without final payment.

APWCA is a 501(c)(6) non-profit organization, Tax ID 23-3078561. A W-9 is available upon request. Credit Cards

3% processing fee, all major credit cards accepted

Checks Payable to APWCA, mail to: 6737 West Washington Street, Suite 4210 Milwaukee, WI 53214

EXHIBIT SUPPORT

exhibits@apwca.org

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