

9th HEART IN DIABETES CME CONFERENCE

2025 NON-CME INDUSTRY SUPPORTED EDUCATION SESSION



JUNE 06 - 08, 2025
LOEWS PHILADELPHIA HOTEL

WWW.HEARTINDIABETES.COM
INFO@TMIOA.COM 818-342-1889



COST: \$40,000*

The Industry-Supported Product Theaters will receive a room to hold a session during the 9th Heart in Diabetes (HiD) meeting. Only one Product Theater will take place during each available time slot, ensuring exclusivity for each company. Product Theaters will be scheduled during regular program hours: either early morning before educational sessions (breakfast), during lunch breaks, or at the end of the day (reception or dinner). Product Theater sessions are limited to a maximum of 45 minutes in length.

*Only companies exhibiting at the HiD meeting will be considered for a product theater session. HiD will dedicate an area, separate from the educational program, where your company will be able to exhibit products, equipment, and services. To view exhibit cost, levels and information: heartindiabetes.com/exhibitors

HiD offers an exciting opportunity to reach your customers. HiD invites you to present the latest research findings on products, give product details and demonstrations, as well as highlight new products to a key audience. These sessions are promotional, and are not eligible for Continuing Medical Education (CME) credits.

NON-CME INDUSTRY SUPPORTED SESSIONS GUIDELINES

HiD Responsibilities:

1. Meeting room – Product Theaters will be held in a separate room to allow for set up.
2. Product Theater promotion through the HiD website and to all meeting attendees
3. Basic A/V Equipment — speaker's lavalier, floor microphones, LCD projector, screen, technician onsite. *Additional A/V equipment may be ordered at the sponsoring company's expense (please contact info@tmioa.com)
4. Complimentary one-time Product Theater promotion through HiD email marketing blast, including date/time/title of presentation and supporter's company name and logo (final design to be provided by company).
5. One tote bag insert (insert must be provided and produced by sponsoring company, and will be subject to HiD approval).
6. One sign placed outside of the Product Theater meeting room, plus an additional sign in the meeting area (Posters must be provided – foam board or digital image to be displayed on the podium not larger than 24"x 36" vertical)).
7. Company logo listed on www.heartindiabetes.com website and in the final printed brochure.
8. HiD staff onsite to help manage lead retrieval or equivalent.
9. List of Product Theater attendees to be emailed following the meeting in an excel spreadsheet.

Catering: The product theater program fee does not include catering. Meal orders (boxed meal optional) will be arranged directly with the hotel catering staff. The final catering order should be placed at least 14 days before the program by the supporting and/or third-party management company.

HiD does not provide evaluation forms for product theater sessions. Sponsors who wish to offer attendees an evaluation for their session may do so on their own accord.



Tentative Product Theater Slots

HiD reserves the right to alter the product theater times at its discretion. Sponsors will be notified in a timely manner.

[Time will be provided according to final agenda]

Friday, June 06, 2025

- Lunch Session
- Reception/Dinner Session

Saturday, June 07, 2025

- Breakfast Session
- Lunch Session
- Reception/Dinner Session

Sunday, June 08, 2025

- Breakfast Session
- Lunch Session



Industry Supported Company/Third-Party Management Company Responsibilities:

1. Program logistics: Speaker honoraria, travel costs, and expenses.
2. Content development.
3. Additional audio/visual (AV) costs if required.
4. Meal cost and order directly from hotel catering for attendees. Meal orders will be arranged directly with the hotel catering staff.
5. On-site manager.
6. Participant materials as needed.

Application

Applications must be completed in their entirety prior to submission.
The HiD Committee must receive the program title, description, proposed speaker(s),
and agenda prior to review.

Please provide preliminary information for approval

Name and description of product:

Company:

Title of Product Theater:

Description of Presentation:

Contact Information

Company/Third Party Name:

Contact Name:

Title:

Telephone:

Fax:

Street Address:

City:

State:

Zip Code:

Email:

Website:

Please Choose the Date and Time You would Like to Reserve Below

Friday, June 06, 2025

(Times will be provided, according to final HiD Agenda)

- ☐ Lunch
- ☐ Reception/Dinner

Saturday, June 07, 2025

(Times will be provided, according to final HiD Agenda)

- ☐ Breakfast
- ☐ Lunch
- ☐ Reception/Dinner

Sunday, June 08, 2025

(Times will be provided, according to final HiD Agenda)

- ☐ Breakfast
- ☐ Lunch

*HiD reserves the right to alter the Non-CME Industry Supported Session times at its discretion.
Sponsors will be notified in a timely manner.*

*Only companies exhibiting at the HiD meeting will be considered
for a Non-CME Industry Supported Session.*

We would like to Exhibit in the following level:

<input type="checkbox"/> Blue	Table Top (One 6-foot table top display)	\$3,000
<input type="checkbox"/> Red	Table Top (Two 6-foot table top display)	\$4,500
<input type="checkbox"/> White	Display Area (10 ft. X 10 ft.)	\$8,000
<input type="checkbox"/> Black	Display Area (15 ft. X 10 ft.)	\$15,000

A non-profit fee is available, please inquire with us at info@tmioa.com
Booth space will be assigned according to the order in which complete applications are received.

EXHIBIT Hall Highlights:

- Official open/welcome for exhibitors
- Welcome Reception Event for Exhibitors
- Breakfast at exhibit hall
- AM/PM Refreshment breaks will occur at exhibit hall

Payment

Please complete this form and return with your payment enclosed.

☐ CHECK

Make check payable to:

MEEF - Metabolic Endocrine Education Foundation.

Tax ID #46-0507966 501©(3)

Mail to:

Metabolic Endocrine Education Foundation c/o TMIOA

18372 Clark St. #212

Tarzana, CA 91356

CREDIT CARD

☐ MasterCard

☐ Visa

☐ American Card

Credit Card Number:

CVV:

EXP DATE:

Zip Code:

Address:

Total Amount Enclosed: _____

Product Theater: \$ _____

Exhibit: \$ _____

I, the undersigned, authorize the HiD (MEEF) to charge my credit card for the amount listed on this application.

NAME/COMPANY LISTED ON CREDIT CARD: _____

CARDHOLDER NAME: _____

PHONE: _____

DATE: _____

EMAIL: _____

SIGNATURE: _____

Please complete this form and return with you payment to:

MEEF c/o TMIOA 18372 Clark Street #212, Tarzana, CA 91356

Tax ID #46-0507966 501©(3)

Or scan and e-mail to info@tmioa.com

Product Theater Agreement

This agreement is entered into as of (Date) _____
between The Metabolic Endocrine Education Foundation /Heart in Diabetes (HiD)
And (Name of Company) _____

Signature:

Nava Mekel
Metabolic Endocrine Education Foundation
9th HiD

Date:

Signature:

Name:

Title:

Date: