



2026 **EXHIBITOR PROSPECTUS**

**10TH ANNUAL
HEART IN DIABETES**

JUNE 19 - 21, 2026
LOEWS PHILADELPHIA HOTEL

You are cordially invited to become an exhibitor of the 10th Annual Heart in Diabetes (HiD).

The 10th Annual Heart in Diabetes meeting is a cutting-edge clinical program addressing all the issues of Diabetes, PreDiabetes and CardioMetabolic Syndrome as it relates to the Heart, by utilizing a state-of-the-art approach: Where the Heart, Kidney and Diabetes Meet in Clinical Practice. The meeting will be held on June 19 - 21, 2026 in Philadelphia, PA.

We offer many opportunities designed to expand your company's presence to over 500 health care professionals including nationally and globally-recognized medical leaders, clinicians and scientists who will attend the annual meeting.

This LIVE meeting is an excellent opportunity to meet with world-renowned clinicians and medical professionals and will provide you with the opportunity to be seen by HiD participants.

The target audience includes cardiologists, endocrinologists, nephrologists, diabetologists, lipidologists, internists, family clinicians and any other interested healthcare professionals. The meeting provides a platform where ideas and clinical approaches, based on new emerging data of CVD in Diabetes, will be exchanged, and participants can contribute to answers for disease management and prevention.



Target Audience Includes:

- Cardiologists
- Endocrinologists
- Nephrologists
- Lipidologists
- Diabetologists
- Internists
- Family Clinicians
- Nurses
- Other Interested Clinicians

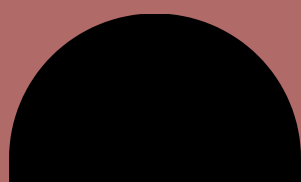
Topics Included:

- Lipids
- Glucose / Diabetes
- Coronary Syndromes
- Heart Failure / CVD
- Kidney Disease
- Technology / Digital Health
- Coagulation
- Arrhythmias
- Liver Disease



EXHIBITOR LEVELS

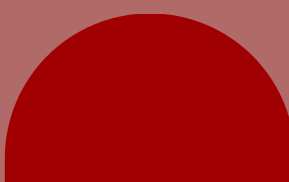
Non- profit rates are available!
Please contact info@tmioa.com for more information.



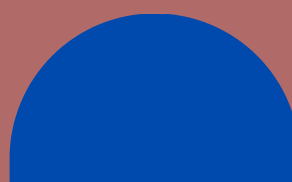
Black
15 x 10
\$15,000



White
10 x 10
\$8,000



Red
Two 6 ft.
Tabletop
\$4,500



Blue
One 6 ft.
Tabletop
\$3,000

Learn more at heartindiabetes.com/exhibitors

Submit Your Application Today!

Contact us to discuss your company's goals:
info@tmioa.com | 818.342.1889

*Booth space will be assigned according to the order in
which complete application are received.



HiD Attendee Demographics



Endocrinologists / Diabetologists 22%

Cardiologists 23%

PCP / Internal Medicine 24%

NP/ PA / Pharmacist 7%

Allied Health 6%

Nephrologists / Gastroenterologists 8

Industry 8%

Others 2%

LIVE, In-Person Exhibit Booth:

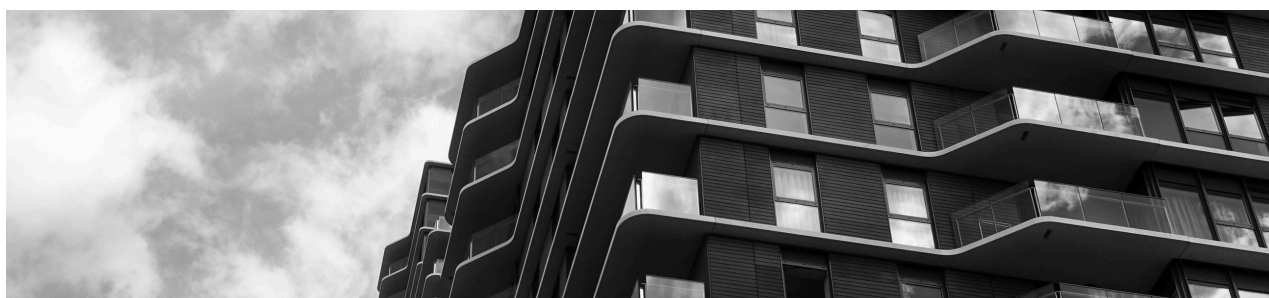
HiD will dedicate an area separate from the educational program. Your company will be able to exhibit equipment, and services

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 application are received.

EXHIBIT Hall Highlights:

- Official Open / Welcome for Exhibitors
- Welcome Reception Event for Exhibitors + Attendees
- Breakfasts at exhibit hall
- AM / PM Refreshment breaks will occur at exhibit hall

BLACK	\$15,000	(15 ft. x 10 ft.)	DISPLAY AREA
WHITE	\$8,000	(10 ft. x 10 ft.)	DISPLAY AREA
RED	\$4,500	TABLE TOP (TWO 6 ft. TABLE TOP DISPLAY)	
BLUE	\$3,000	TABLE TOP (ONE 6 ft. TABLE TOP DISPLAY)	



CONTACT INFORMATION

COMPANY: _____

CONTACT NAME: _____ TITLE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____

My organization / company wishes to exhibit at the following level:

<input type="checkbox"/> BLACK	\$15,000	(15 ft. X 10 ft.)	DISPLAY AREA
<input type="checkbox"/> WHITE	\$8,000	(10 ft. X 10 ft.)	DISPLAY AREA
<input type="checkbox"/> RED	\$4,500	TABLE TOP (TWO 6 ft. TABLE TOP DISPLAY)	
<input type="checkbox"/> BLUE	\$3,000	TABLE TOP (ONE 6 ft. TABLE TOP DISPLAY)	

PAYMENT

Amount enclosed: \$ _____

☐ CHECK

Make check payable to:

MEEF - Metabolic Endocrine Education Foundation.

MAIL TO: TMIOA 18372 Clark Street #212, Tarzana, CA 91356

CREDIT CARD

☐ MasterCard

☐ Visa

Credit Card Number: _____ CVV: _____

EXP DATE: _____ Zip Code: _____

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

NAME/COMPANY LISTED ON CREDIT _____

CARD: CARDHOLDER NAME: _____

EMAIL: _____ PHONE: _____

SIGNATURE: _____

Please complete this form and return with you payment to:

TMIOA 18372 Clark Street #212, Tarzana, CA 91356

Tax ID #46-0507966 501©(3)

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



10th HiD Exhibitor 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
Executive Director
TMIOA - Medical Education Management Division
10th Heart in Diabetes - HiD

Date:

Signature:

Name:

Title:

Date:

