

8th Annual HEART iN DIABETES



JUNE 07 - 09, 2024

HILTON PHILADELPHIA AT PENN'S LANDING
PHILADELPHIA, PA

**EXHIBITOR
PROSPECTUS**





You are cordially invited to become an exhibitor of the 8th Annual Heart in Diabetes (HiD).

The 8th 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 7-9, 2024 in Philadelphia, PA.

We offer many opportunities designed to expand your company's presence to over 700 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**





EXBIHITOR LEVELS

Non- profit rates are available!

Please contact info@tmioa.com for more information.

LIVE, In-Person Exhibit Booth:



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

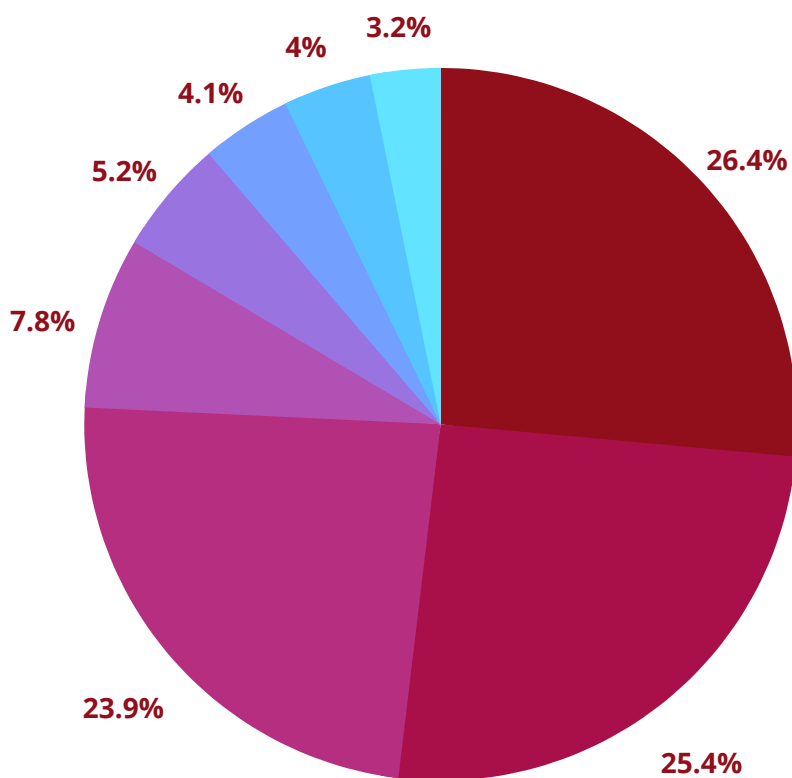
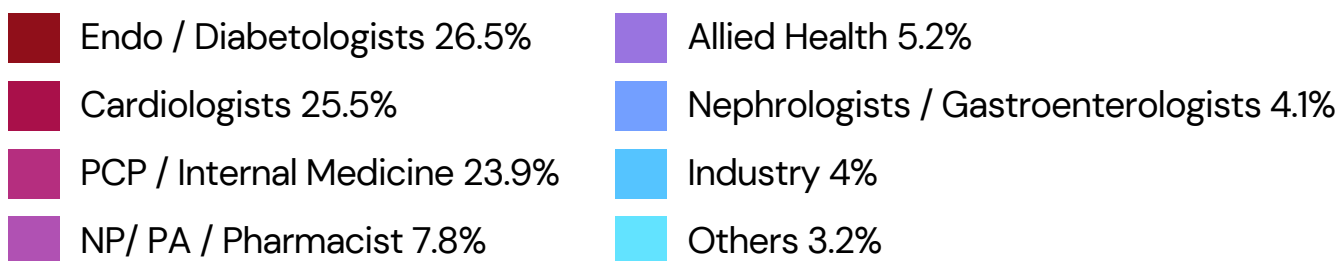
Submit Your Application Today!

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



8TH HEART IN DIABETES CME CONFERENCE



2024

EXHIBIT OPPORTUNITIES

Application & Agreement

JUNE 07-09, 2024 | CME
CONFERENCE PHILADELPHIA, PA
WWW.HEARTINDIABETES.COM
INFO@TMIOA.COM 818-342-1889



Diabetes and Obesity,
Proglucagon Family

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
- Breakfast 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: _____ ZIP CODE: _____

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. 18372 Clark Street #212, Tarzana, CA 91356

CREDIT CARD

MasterCard Visa

Credit Card Number: _____ CVV: _____
 EXP DATE: _____ Zip Code: _____

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: _____
 EMAIL: _____
 SIGNATURE: _____

Please complete this form and return with you payment to:
 MEEF – Metabolic Endocrine Education Foundation. 18372 Clark Street
 #212, Tarzana, CA 91356 Tax ID #46-0507966 501©(3)
 Or scan and e-mail to info@tmioa.com



8th HiD Exhibitor Agreement

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

Nava Mekel
Metabolic Endocrine Education Foundation
8th HiD

Name: _____
Title: _____

Date:

Date: