

Please return both pages of this application to kennedy@cameroams

6th Annual Sawyer International Pancreato-Biliary and Gastrointestinal Cancer Symposium

December 5 – 6, 2025

Exhibiting Company: _____

Address: _____

City/State/Zip : _____ Phone: _____

Personnel who should receive exhibit confirmation materials:

Note all materials will be sent via email ONLY

Primary Contact Person: _____

Address: _____

City/State/Zip: _____ Phone: _____

Primary Contact Email: _____

Secondary Contact Person: _____

Address: _____

City/State/Zip: _____ Phone: _____

Primary Contact Email: _____

Exhibitor Opportunities- select those that apply

- | | |
|--|---|
| <input type="radio"/> Diamond - \$50,000 | <input type="radio"/> Faculty and Planning Committee |
| <input type="radio"/> Platinum- \$20,000 | <input type="radio"/> Dinner-(Friday)- \$10,000 |
| <input type="radio"/> Gold- \$12,000 | <input type="radio"/> Attendee Lunch(s)- \$7500 |
| <input type="radio"/> Standard - \$4500 | <input type="radio"/> Continental Breakfast(s) - \$3000 |
| | <input type="radio"/> Coffee Break(s) - \$1500 |
| | <input type="radio"/> Lanyards - \$1500 |

Payment Deadline: In exchange for payment in full for the exhibit space contracted by the Exhibitor, 9th Annual Liver Conference will provide exhibit space as outlined in the Exhibitor Regulations. For the 6th Annual Sawyer Conference, payment in full is due by November 21, 2025. It is not necessary to send payment with this application form, but payment must be received by the established deadline.

Qualifications of an Exhibitor: 6th Annual Sawyer Conference show management will, in its sole discretion, determine whether a prospective Exhibitor is eligible to participate in the 9th Annual Liver Conference Show. Exhibitors shall be limited to those whose productions or services are related to gastroenterology, medical, professional, or practice interests. 6th Annual Sawyer Conference Management reserves the right to refuse to provide exhibit space to any Exhibitor not compatible for the general character and objectives of the 6th Annual Sawyer Conference, or if the 6th Annual Sawyer Conference is full upon receipt of the application.

Cancellation Deadline: A full refund will be made to the exhibitor only if written notice is received by December 1, 2025. If, after the contract is entered into, 6th Annual Sawyer Conference fails or is unable to provide an Exhibitor with the opportunity to exhibit at the 6th Annual Sawyer Conference show, due to fire, strikes, authority of the law, act of God, or any other cause or reason, and the Exhibitor is not responsible for such failure, the Exhibitor's sole and exclusive remedy shall be the return of all monies that it has paid in connection with the Application/Contract. In such case, 6th Annual Sawyer Conference shall bear no further liability or responsibility under such agreement.

EXHIBITOR AGREES TO BE RESPONSIBLE FOR HIS/HER OWN PROPERTY. EXHIBITOR SHALL RELEASE AND HOLD HARMLESS AND INDEMNIFY 9TH ANNUAL LIVER CONFERENCE FROM ANY AND ALL CLAIMS OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES, AND ASSESSMENTS, INCLUDING LEGAL FEES THAT RESULT FROM AN ALLEGATION OF NEGLIGENCE ON THE PART OF THE EXHIBITOR OR 9TH ANNUAL LIVER CONFERENCE OR THIRD PARTIES IN THE USE OF THE EXHIBIT SPACE OR ACTIVITIES IN CONNECTION WITH THE USE OF THE EXHIBIT SPACE.

Acceptance of Application: Acceptance of this application as an agreement between the Exhibitor and 9th Annual Liver Conference will occur only when an official confirmation packet has been sent by 6th Annual Sawyer Conference. It is understood that disapproval of an Exhibitor per the terms outlined in the Exhibitor Regulations, will result in termination of the agreement without penalty to either party.

Warranty of Authorization: The Exhibitor and person signing this application on its behalf represent and warrant that the undersigned person is duly authorized and appointed agent of this Exhibitor, is fully empowered to bind the exhibitor to all provisions contained in this agreement.

Title: _____ Date: _____

Signature: _____

Company Name: _____

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Payment Option: Contact kennedy@cameroams.com for more information