

Corporate Programs & Exhibitor Application

Applications accepted based on availability. Early submission of applications is encouraged.

INSTRUCTIONS:

- 1) Complete the application (type or print). The company name and contact information will appear in printed materials exactly as they are listed below.
- 2) Attach a check or indicate credit card payment below for the full amount payable to: The Society of Laparoscopic & Robotic Surgeons.
- 3) Attach a brief description of your company (max 40 words) in a Word document for inclusion in the meeting's final program.
- 4) Email the completed application to Eleana D'Arcy at Eleana@SLS.org. For additional information, call (305) 665-9959.

Company Name		Company Address for Publication		City, State, ZIP	
Company Telephone for Publication		Company Fax for Publication		Company Website for Publication	
Company Email for Publication		Company Website for Publication		Company Website for Publication	
Official Representative Name		Publish Name?		Official Representative Email Address	
Official Representative Title		<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>(please use valid email in lieu of info@....)</i>	
Will you be attending the event as booth staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Publish Email?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Space will be reserved only after receipt of the total amount and a signed application form is received. If payment in full is not received along with application form, the space will not be reserved. All transactions are final.

MISWeek 2026 Corporate Sponsorship Packages

See Page 4 for a breakdown of our Sponsorship Levels.

Cost:

Platinum (\$30,000) Gold (\$20,000) Silver (\$10,000) Bronze (\$5,000) \$ _____

MISWeek 2026 Marketing & Advertising

See Pages 5 - 6 for product descriptions and guidelines.

<input type="checkbox"/> Exhibit Booth Space (\$3500 early bird - \$4000 reg)	<input type="checkbox"/> Registration Page Sponsorship (\$5,000)	\$ _____
<input type="checkbox"/> Open Forum Panel Discussion Session (\$15,000)	<input type="checkbox"/> Solutions Showcase Session (\$4,000)	
<input type="checkbox"/> Open Forum Lecture (\$10,000)	<input type="checkbox"/> Push Notification on the MIS Hub App (\$1,500)	
<input type="checkbox"/> Innovation of the Year Award Submission (\$4,000)	<input type="checkbox"/> New Product Vignettes (Exhibitors) (FREE)	

Year Round Marketing & Advertising Opportunities

See Page 7 for product descriptions and guidelines.

Sponsor an Email (\$5,000) | SLSNow Advertising \$ _____

Additional Opportunities

Please write in the additional opportunities you wish to purchase. See Pages 8 & 9 for descriptions & prices.

_____	_____	\$ _____
_____	_____	
_____	_____	
_____	_____	

Corporate Programs & Exhibitor Application

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INSTRUCTIONS:

Please indicate your booth location preference and provide the names and details for company representatives who will be in attendance if an Exhibit Booth is being purchased

Please provide your preference for booth location

1st Choice # _____

2nd Choice # _____

3rd Choice # _____

Exhibiting companies are allocated three (3) complimentary registrations to attend MISWeek 2026 program sessions. Additional representatives may attend for a fee of \$400 each.

REPRESENTATIVE NAME (as per booth assignment)	TITLE	CELL PHONE	EMAIL <i>(please use valid email in lieu of info@.....)</i>
1.			
2.			
3.			
ADDITIONAL REPRESENTATIVE(S) AT \$400 EACH	TITLE	CELL PHONE	EMAIL <i>(please use valid email in lieu of info@.....)</i>
1.			
2.			
3.			

TOTAL NUMBER OF ADDITIONAL REPRESENTATIVE(S) _____ X \$400 / EACH = \$ _____

Please provide credit card information.

Payment: (Please review the guidelines and deadlines for each program and include all requested materials.)

Grand Total: _____

I authorize SLS to make charges in the amount of \$ _____ to the following credit card:

Visa Mastercard AMEX

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SECURITY CODE/CW _____

CARDHOLDER NAME *(please print)* _____

CARDHOLDER SIGNATURE _____

CREDIT CARD BILLING ADDRESS: SAME ADDRESS NOTED ABOVE OTHER ADDRESS *(enter below)*

Billing Address if other *(include zip/postal code)* _____

I hereby confirm that I have read, understand, and agree to abide by all rules and regulations as outlined in this document.

I authorize that the credit card on file be charged for the items selected.

SIGNATURE _____ DATE _____

In the event of any dispute regarding payment, jurisdiction shall be exclusively in the state of Florida. The prevailing party in such dispute shall be entitled to recover reasonable attorney fees. Any claims must be submitted within 30 days from the completion of the event.

Preliminary MISWEEK 2026 Exhibitor Floor Plan

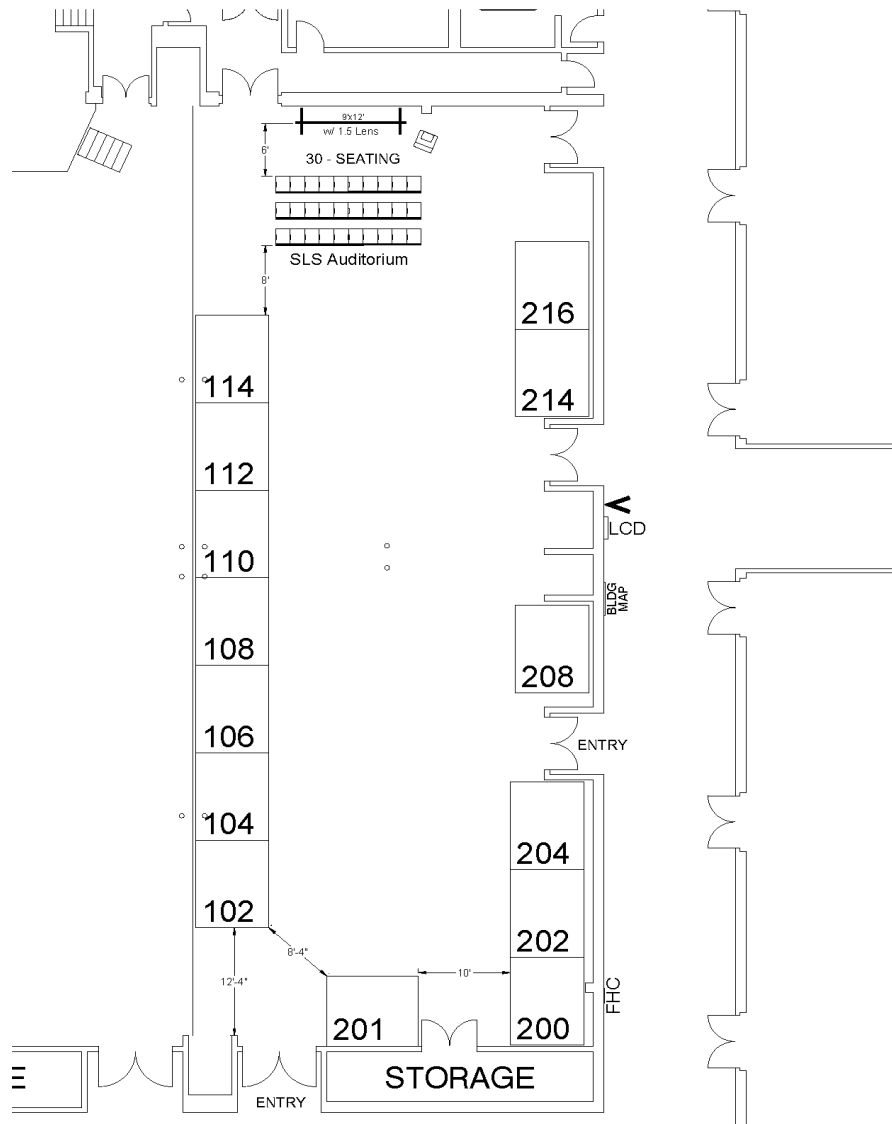
The Society of Laparoscopic and Robotic Surgeons | MISWeek 2026 | Where Laparoscopy and Robotics Meet

EXHIBIT DATES:

December 2, 2026 – December 4, 2026
The DoubleTree By Hilton at the Entrance to Universal Orlando

PRELIMINARY FLOOR PLAN - *Subject to change*

Please contact Eleana D'Arcy at eleana@sls.org for the latest floorplan when reserving booth space



PRIORITY BOOTH ASSIGNMENTS

Corporate Sponsors of all levels are offered priority registration for booth assignments.

For more information please contact Eleana D'Arcy or visit [SLS.org/Sponsorship](https://sls.org/Sponsorship)