

SEAHEC

PART OF NC AHEC

SUPPORTER OPPORTUNITIES



[Become a Supporter](#)

[Additional Conference
Information](#)

Contact Sophia Camp
sophia.camp@seahec.net

20th Annual COASTAL PEDIATRIC SYMPOSIUM

MARCH 24-25, 2025

Holiday Inn Resort Lumina
Wrightsville Beach, NC 28480

www.seahec.net

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COASTAL PEDIATRIC
SYMPOSIUM



Join us for the 20th Annual Coastal Pediatric Symposium at beautiful Wrightsville Beach, NC. This year we will return to the Holiday Inn Resort Lumina.

SEAHEC invites you to take advantage of this incredible opportunity to reach healthcare professionals as they gather together to learn and strengthen professional relationships.

As a division of the North Carolina AHEC system, SEAHEC has a strong reputation for providing high quality education to healthcare professionals throughout NC and in surrounding areas. NC AHEC's mission is to Recruit, Train, & Retain the healthcare workforce. By joining SEAHEC as a supporter or exhibitor for this event, you can:

- Promote your brand and services to hundreds of healthcare professionals including: Physicians, Advance Practice Providers, Nurses, Psychologists, Counselors, LMFTs, LCSWs, Psychiatrists, and more.
- Increase organizational visibility through the extensive NC AHEC network and marketing efforts.
- Network with attendees, vendors and presenters in breathtaking Wrightsville Beach, NC.
- Become a key partner in an annual event that will continue to grow and influence healthcare providers for years to come.

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There are several partnership options your organization or corporation may consider for the conference. Please review the listed packages and choose one that fits your company's goals and objectives. Highlighted benefits received by all supporters:

- An exhibitor space in the Exhibit Hall for Monday and Tuesday (includes 6-foot skirted table, chair, electricity, and Wi-Fi.).
- Prime access to participants during all meals and breaks which are served in the Exhibit Hall.
- Listing in the mobile conference app where you can post contact information, documents and more. (if applicable)
- Visibility to North Carolina AHEC's more than 200,000 members via marketing campaigns.

Diamond Sponsorship Supporter: \$7,000

- Prime exhibitor booth placement of your choice.
- Exclusive sponsorship of a lunch and a break on Monday or Tuesday.
- Logo placement on virtual and printed promotional materials.
- Organization name/logo posted on conference website and on display in rotating intermission slide show.
- Promotion and recognition in marketing campaign.
- Conference registration for up to 6 participants on Monday and Tuesday.

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Platinum Sponsorship Supporter: \$4,250

- Prime exhibitor booth placement of your choice.
- Exclusive sponsorship of lunch on Monday or Tuesday.
- Logo placement on virtual and printed promotional materials.
- Organization name/logo posted on conference website and on display in rotating intermission slide show.
- Promotion and recognition in marketing campaign.
- Conference registration for up to 4 participants on Monday and Tuesday.

Gold Sponsorship Supporter: \$3,500

- Prominent exhibitor booth placement in exhibit hall.
- Exclusive sponsorship of one break of your choice.
- Logo placement on virtual and printed promotional materials.
- Organization name/logo posted on conference website and on display in rotating intermission slide show.
- Promotion and recognition in marketing campaign.
- Conference registration for up to 3 participants on Monday and Tuesday.

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Silver Sponsorship Supporter: \$2,750

- Prominent exhibitor booth placement in exhibit hall.
- Sponsorship of one conference break.
- Logo placement on promotional materials.
- Organization name/logo posted on conference website and on display in rotating intermission slide show.
- Promotion and recognition in marketing campaign.
- Conference registration for up to 2 participants on Monday and Tuesday.

Bronze Sponsorship Supporter: \$2,000

- Exhibitor booth placement in exhibit hall.
- Organization name/logo posted on conference website and on display in rotating intermission slide show.
- Conference registration for 2 participants on Monday and Tuesday.

Non-Profit Pricing

- Non-Profit Pricing: 50% off any Sponsorship Supporter Opportunity (*note 50% off is not available for diamond supporter sponsorship)
- Non-Profit Table Only Pricing: \$250
- Exhibitor booth placement in exhibit hall with one representative; no conference registration included.

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EXHIBITOR AGREEMENT

Our company would like to support the “Coastal Pediatric Symposium 2025” at the level selected below (see all the benefits in the Supporter Opportunities brochure):

- ☐ **Diamond Supporter \$7,000** | Conference registration for up to 6 participants on Monday and Tuesday.
- ☐ **Platinum Supporter \$4,250** | Conference registration for up to 4 participants on Monday and Tuesday.
- ☐ **Gold Supporter \$3,500** | Conference registration for up to 3 participants on Monday and Tuesday.
- ☐ **Silver Supporter \$2,750** | Conference registration for up to 2 participants on Monday and Tuesday.
- ☐ **Bronze Supporter \$2,000** | Conference registration for up to 2 participants on Monday and Tuesday.
- ☐ **Non-Profit Pricing:** 50% off any Sponsorship Supporter Opportunity; excluding Diamond Supporter.
- ☐ **Non-Profit Table Only Pricing: \$250** | Exhibitor booth placement in exhibit hall with one representative

Name:
Email Address:
Mailing Address:
City, State, and Zip:
Representative Phone Number:
Onsite Representative Names:

Company name as it should appear on literature: _____

Please attach your logo you wish to be displayed when you submit this form.

Company billing address: _____

City, State, and Zip: _____

Company phone number: _____

Payment must be received before exhibitors will be allowed to display at their booths. If registering with a check please reference “Coastal Pediatric Symposium” on the check. Checks may be made payable to New Hanover Regional Medical Center and may be mailed to: South East Area Health Education Center, C/O Carly Kroggel for Pediatric Symposium 2511 Delaney Avenue, Wilmington, NC 28401

Employer ID # 85-3777599

Credit Card Payment: ____ VISA ____ Mastercard ____ AMEX ____ Check

Account Number _____ Exp date ____/____

Cardholder Name _____

Cardholder Signature _____

Address of cardholder _____

For additional Information and to register your participants, please contact **Sophia Camp** at **Sophia.Camp@seahec.net**