

**2023 EXHIBITOR FORM**  
**California Rheumatology Alliance | 2023**

▼

Sponsoring Company: _____			
Corporate Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
Phone: _____	Fax: _____		

▼ **Please complete relevant contact information below:**

**General Contact Information**

Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Copy of me all correspondence related to CRA

**Product/Brand Manager Contact**

Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Copy of me all correspondence related to CRA

▼ **EXHIBITOR LEVEL** **\$5,000**



Exhibiting at the CRA Advanced Practioner Provider Meeting includes the following:

- Acknowledgement of support on CRA website under "Our Partners" section
- (1) One six foot display table to exhibit

▼ **Please make checks payable and send to:**

California Rheumatology Alliance  
5230 Pacific Concourse Drive  
Suite 100  
Los Angeles, CA 90045  
  
CRA FIN # 33-1095347

▼ **Please list your company focus and product:** \_\_\_\_\_

▼ **Agreement:** I am an authorized representative for this company with full power and authority to sign this application. The company agrees to pay for sponsorship as noted on this form.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_