



MAY 17-19, 2024

# SURGICAL SYMPOSIUM ON LATINO HEALTH

SEATTLE, WASHINGTON

Save the Date for our 2nd Surgical Symposium on Latino Health to be hosted by the University of Washington

UW Medicine  
DEPARTMENT OF SURGERY

## SPONSORSHIP PROSPECTUS



Gezzer Ortega  
MD MPH

January 25, 2024

**Re: Collaboration at the Latino Surgical Symposium**

Dear Valued Industry Partners,

On behalf of the Founders of the Latino Surgical Society we are excited to invite you to join our organization that is dedicated to cultivating, nurturing, and supporting the advancement of Latino surgeons. As part of our commitment to excellence in the field of surgery, we host an Annual Surgical Symposium that provide a platform for knowledge exchange, collaboration, and professional development among our members.

This year, we are gearing up for our 2<sup>nd</sup> Annual Symposium, which is being held at the University of Washington starting **Friday, May 17 – Sunday, May 19, 2024**. The symposium will bring over 100 surgeons, residents, and medical students from leading institutions across the country. To ensure the success of this event, we are seeking sponsorship support to cover the expenses associated with audio-visual equipment, invitations, and meeting signage. These elements are integral to creating a dynamic and engaging environment for our participants.

We believe that your organization's support will not only contribute to the success of our symposium but also align with your commitment to fostering diversity and excellence in the medical field. Attached to this letter, you will find detailed information about the sponsorship packages available, including the various benefits and recognition opportunities associated with each level of support. **Please note that exhibit fees are required to be handled separately, adhering to CME rules and regulations.**

If you have any questions or would like to discuss this opportunity further, please do not hesitate to contact us. We are more than willing to provide additional information and explore how your organization can play a pivotal role in making our symposium a resounding success.

Thank you for considering our request, and we look forward to the possibility of partnering with your esteemed organization.

Sincerely,



Joseph S. Fernandez-Moure  
MD MBA FACS



Joseph Lopez  
MD MBA

Gezzer Ortega  
MD MPH

Joseph S. Fernandez-Moure  
MD MBA FACS

Joseph Lopez  
MD MBA

Minerva Romero-Arenas  
MD MPH FACS



## EXHIBITOR CONTRACT

### EXHIBITOR DETAILS AND FEES

Exhibiting companies will be given a six foot tabletop display, along with recognition in the final program, rotating slides, meeting signage and logo featured on the Latino Surgical Society website.

**COMPANY NAME** (please list exactly as you would like it to appear on the recognition signage and name badges)

---

MAILING ADDRESS

CITY, STATE, ZIP

---

CONTACT PHONE NUMBER

E-MAIL ADDRESS

### EXHIBIT LEVELS

**Plata Sponsor: \$1500 (1 representative)**      \$ \_\_\_\_\_

**Oro Sponsor: \$3000 (2 representatives)**      \$ \_\_\_\_\_

**Platino Sponsor: \$5000 (5 representatives)**      \$ \_\_\_\_\_

**Non-Profit Rate: \$750.00**      \$ \_\_\_\_\_

**TOTAL DUE**      \$ \_\_\_\_\_

Please complete all sections and return via email to:

**Latino Surgical Society**  
1415 Commercial Ave. Ste 257  
Anacortes, WA 98221  
Email: [heather@surgicalcs.com](mailto:heather@surgicalcs.com)

**QUESTIONS?**  
Heather Roderick  
Telephone: 360-420-6906  
Web: [www.latinosurgicalsociety.org](http://www.latinosurgicalsociety.org)

### EXHIBIT SPECIAL REQUESTS

Each exhibiting company will receive a 6' tabletop display. Any additional requests will be at the individual company's expense.

---

LIST COMPANIES YOU WOULD PREFER TO NOT BE LOCATED IN PROXIMITY TO

### PAYMENT INFORMATION

- Check – payable to LSS and mailed to address listed above. Tax ID:  
 Credit Card – Indicate credit card to be charged.     AmEx     MC     VISA     Discover

---

NAME AS IT APPEARS ON CARD

---

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

---

SIGNATURE

**REGISTRATION** Please list the representatives names and emails that will be attending as per your sponsorship level above.

---

---

INCLUDE W9 HERE.