



Coastal Research Institute

www.CoastalResearchInstitute.com

The Patient Centric Conference: EMPOWER YOU

August 25-26, 2023

Town & Country, San Diego, CA

Course Director: Krishnan Chakravarthy, MD, PhD



Coastal Research Institute will launch its first patient facing chronic pain conference “EMPOWER YOU” specializing in pain therapy options & education.

EMPOWER YOU features the following:

- A high focus on patients and their ability to understand their options.
- A landmark moment for our growing specialty using evidence based approaches to educate PCP's, caregivers, patients and APP's.
- An agenda packed with educational sessions and product theaters

For more information on the program visit: <http://www.coastalresearchinstitute.com>

Sponsorship Opportunities

GOLD

1 available

\$7,500

- Lunch Sponsor - Grab & Go boxed lunches with branding/logo. *F&B not included
- Discounted Product Theater at \$1500
- 5 complimentary badges
- 2 inserts into meeting bags
- First choice of product theater times

SILVER

4 available

\$5,000

- Break or Cocktail Reception Sponsorship. *F&B not included
- Discounted Product Theater at \$1500
- 3 complimentary badges
- 1 inserts into meeting bags
- Second choice of product theater times

BASIC EXHIBIT

10 available

\$3,000

- 2 complimentary badges

Product Theater

**Gold/Silver Sponsor
Basic**

\$1,500

\$2,000

- 16 Product Theaters available
- Product Theaters are 15 minutes each
- 20 seats per Product Theater





Coastal Research Institute

Company Name _____ Date _____

Payment is due 45 days prior to the meeting. If payment is not received within 30 days of the meeting, your spot may be forfeited.

- | | | | |
|---------------------------------|---------|--|---------|
| <input type="checkbox"/> GOLD | \$7,500 | <input type="checkbox"/> GOLD/SILVER PRODUCT THEATER | \$1,500 |
| <input type="checkbox"/> SILVER | \$5,000 | <input type="checkbox"/> BASIC PRODUCT THEATER | \$2,000 |
| <input type="checkbox"/> BASIC | \$3,000 | | |

Total Amount _____

Attendees Name and Email

1. Name _____ Email _____
2. Name _____ Email _____
3. Name _____ Email _____

Company Address _____

City _____ State _____ Zip _____

Payment Options

- Credit Card *Link will be emailed ACH Check

Send completed form to Kim Meegan - kimberleymeegan@gmail.com