

ACG New York 10th Annual Healthcare Conference – February 22, 2018

DATE: Thursday, February 22, 2018
TIME: 5:00pm – 9:00 pm
PLACE: Metropolitan Club, 60th Street and 5th Avenue, New York, NY

PURPOSE:

To provide exhibiting healthcare private equity firms and other leading healthcare related professionals with a unique evening of high quality interaction with investment bankers, other M&A intermediaries, and healthcare senior executives.

EXHIBITORS:

Approximately 30 private equity firms that sponsor buyouts, recaps, and growth financings of healthcare companies, and that represent a variety of target transaction sizes, target healthcare industry sectors (both services and products), and geographic focus.

AGENDA:

3:00pm - 5:00pm Pre-Event One/One Deal Meetings (PE/IB)
5:00pm - 5:45pm Registration & Networking
5:45pm - 7:00pm Panel Discussion
7:00pm - 9:00pm Capital Connection
Food and beverage will be available during the Capital Connection



EXPECTED PROFESSIONALS IN ATTENDANCE:

Investment bankers, other M&A intermediaries, family offices, and healthcare operating executives, as well as healthcare lenders, investors in healthcare private equity funds, and other individuals from allied industries.

BENEFITS:

- 5 foot skirted table with company sign
- Firm listed in email promotions with hyperlinked to company website
- Company Profile listed in conference App
- 2 complimentary tickets to man your table and attend the event
- **ADD-ON OPTION – PRE-EVENT ONE/ONE DEAL MEETINGS WITH INVESTMENT BANKERS**



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Exhibit Table Registration Form

Please Reserve:

\$1000 for Exhibit Table – 7:00 to 9:00pm

This registration includes a 5’ table, signage, two complimentary passes to the event

\$1,500 for Exhibit Table + Exclusive Pre-Event – 3:00 to 5:00pm (pre-event); 7:00 to 9:00pm (CC)

This registration includes a 5’ table, signage, two complimentary passes to the event & entrance into the pre-event **One on One Deal Meetings**.

CONTACT INFORMATION – This is for the contact who will be taking care of all the logistics of your exhibit at the event. This form will NOT register your attendees to attend the event. You will be sent a code to register all your attendees once we receive this form.

Private Equity Firm: _____
Marketing Contact: _____ **Title:** _____
Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
E-Mail: _____

METHOD OF PAYMENT

Visa American Express MasterCard Pay by Check

CREDIT CARD NUMBER _____ EXP DATE _____

Billing Address (if different) _____

SIGNATURE _____

Please email to: skuhns@acgnyc.org or fax to: ACG NY Office at 203.378.7109

If paying by check:

Make check payable to ACG New York.
 Please include name and event name on check.

Send payment to:

ACG New York
 c/o Sarah Kuhns
 1341 W. Broad Street
 Stratford, CT 06615