

Dear Vendors and Educators,

 The Southeast Recreational Therapy Symposium (SRTS) has finalized their plans for this year’s annual Symposium. Recreational therapists from the United States and Canada will be gathering April 8-10, 2020 at Sheraton Myrtle Beach Convention Center in Myrtle Beach, SC. The theme for this year's symposium is “Innovation, Collaboration, and Transformation….The Wave of the Future for Recreational Therapy”.I would like to invite you to join us at the relaxing, picturesque Myrtle Beach area and exhibit your company’s products during the symposium and utilize this opportunity to interact with recreational therapists and others in attendance.

**Cost details:**

$150.00 - 3 day exhibit allowing your company to be showcased and you the ability to be involved in all scheduled activities during the Symposium

$75.00 – 3 day exhibit for colleges/universities

$75.00 – company insert in registration packets

$50.00 – ½ page ad insert in registration packets

$25.00 – ¼ page ad insert in registration packets

No charge – display of business materials in resource area throughout the symposium

No charge - SRTS will stuff packets with your company catalog (or printed material) and include your agency/company name in the official SRTS Program in exchange for minimum of $75 in door prizes for giveaways

No charge - donate 350 - 400 giveaway items (e.g., note pads, pens, stress balls, etc.; non-catalog items) to be used as gifts in participant bags and have your name/company name in the official SRTS Program

\*\*\* We also welcome and greatly appreciate any door prizes your company/university could provide. Information is provided on the attached form.

**Please complete and return the form below VIA EMAIL to** **boyleh@musc.edu** **by March 15, 2020**. **Payment** for your level of participation **should be sent to Pam Wilson at the address below**. For overnight accommodations at the Symposium, please contact the Sheraton Myrtle Beach Convention Center Hotel at 843-918-5000 and mention you are part of the SRTS. Here is a link to the resort: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1573483797879&key=GRP&app=resvlink>

 We hope you will be able to join us. Please call me at (704) 488-6285 or e-mail boyleh@musc.edu if you have any questions. You may also wish to browse our website at **srts.info** to review the educational sessions (once the program has been finalized) that are part of this year’s program, view previous year’s programs and get additional information about the Sheraton Myrtle Beach Convention Center.

Sincerely,

Holly-Ann

Holly-Ann Turner, CTRS, BCB

SRTS Board Member

**Checks should be made out to SRTS and sent to**: Pam Wilson, LRT/CTRS, FDRT

 Wake Forest Baptist Health Medical Center

 Medical Center Boulevard

 Winston-Salem, North Carolina 27157-1110

TO: Holly-Ann Turner, CTRS, BCB

 boyleh@musc.edu

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate you/your organization’s level of participation by checking the appropriate line:

\_\_\_\_\_\_\_$150.00 - 3 day exhibit allowing your company to be showcased and you the ability to be involved in all scheduled activities during the Symposium

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\_\_\_\_\_\_\_No charge – display of business materials in resource area throughout the symposium

\_\_\_\_\_\_\_No charge - SRTS will stuff packets in exchange for minimum of $75 in door prizes for giveaways

\*\* Please **send any materials** directly to the Sheraton Myrtle Beach Convention Center (address below) **so that they arrive no more than 3 business days in advance** of the symposium:

The Sheraton Myrtle Beach Convention Center

2101 North Oak Street

Myrtle Beach, South Carolina 29577

 **Be sure to include the following information on the outside of the package**(s):

• Name of Group: Southeast Recreational Therapy Symposium/SRTS

• Contact name: Holly-Ann Boyle

• Attention: Hotel Event Planning Manager

Name of company/agency/organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person exhibiting at Symposium (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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