ISLA 2026 Conference & Expo

Mission Bay Resort & Spa, San Diego

International Society for Medical Laser Applications

Exhibitor / Sponsor Application Form

March 13th to 15th, 2026

Compete details and email **sharon@islalaser-us.com**

Weber Medical GmbH

C/O ISLA 2026
Conference & Exp
Sohnreystrasse 4
Lauenfoerde,
Germany 37697

We hereby apply, subject to the Rules & Regulations as detailed on the ISLA event website

Booth Fees

10 x 10 Area **$4,150** (includes 2 exhibitor personnel)

For all exhibitors, additional staff will be charged $495 to cover food & beverage for entire conference.

Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Gas, Water, Internet Connection (if not provided by hotel), Telephone Connection. Call Sharon Phillips at **954.540.1896** to discuss your specific requirements.

Sponsorship Fees

Breakfast Sponsor

Breakfast 1- $850 ☐ 2- $1,600 ☐ 3- $2,250 ☐

Offsite Event Sponsor/Themed Evening

Exclusive Package $2,750 ☐

Official Program Sponsor

Full Inside Page $500 ☐
Half Inside Page $425 ☐
Back Cover $550 ☐

Website, Show Guide and Other Marketing Collateral

Company Name _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Website _____
Company Logo Submitted ☐ Yes ☐ No
Company Bio Submitted (75 words max) ☐ Yes ☐ No

Mailing Information (Please complete Contact Name, Phone, Fax and E-Mail. The remaining information only needs to be completed if different from details on left)

Contact Name *(required)* _____
Title _____
Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Contact E-mail _____
(required for receipt of conference/expo updates)

Booth Confirmation and Allocation

Type of Booth ☐ 10 x 10 Booth Number _____

Full payment required to secure your booth/sponsorship, and for ISLA Conferences to promote your presence.

San Diego Offsite Excursion Saturday, March 14th: Tickets - $100 per person Number of Tickets

Payment by Credit Card

☐ Visa ☐ MasterCard ☐ Discover

Name on Credit Card _____
Credit Card Number _____
Address _____
City _____ State _____
Expiration Date _____ Charge Amount _____
Authorization Code _____ Zip Code _____
Signature _____

Exhibitor/Sponsor Commitment

Total Amount _____

Payment by Check

Mail check payable in U.S. Funds to

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Signatory

We agree to the terms and conditions as stated on the ISLA Conference website.

Signed By _____ Signature _____

Company Position _____ Dated _____