



2027 EXHIBIT SPONSORSHIP

Organized by Network Liaison LLC on behalf of the University of California
Melanoma & Skin Cancer Consortium (UCMSCC)

Executive Summary & Event Overview

Network Liaison LLC invites leading industry partners to participate in the upcoming **UCMSCC Collaborative Care for Melanoma & Skin Cancer Meeting on Saturday, February 20, 2027**, in La Jolla/San Diego, California.

This high-value, multidisciplinary forum brings together key regional clinical leaders—including practicing medical oncologists, dermatologists, surgical oncologists, and healthcare providers—to discuss advancing collaborative care standards in melanoma and complex skin cancers.

Why Partner With Us?

- **Direct Access to Key Clinicians:** Connect directly with local specialists and key opinion leaders who are typically difficult to engage through traditional commercial channels.
- **Dedicated High-Traffic Engagement:** Showcase your therapeutic updates, diagnostic tools, and clinical resources during dedicated networking breakfast and exhibition breaks throughout the program.
- **Collaborative Forum:** Bridge community practice with academic innovation in an interactive environment designed for meaningful professional dialogue.



2027 EXHIBIT SPONSORSHIP LETTER OF AGREEMENT (LOA)

Conditions and Purpose for a Sponsor

Organized by Network Liaison LLC on behalf of the University of California Melanoma & Skin Cancer Consortium (UCMSCC)

Title of Activity: University of California Melanoma & Skin Cancer Consortium (UCMSCC) – Collaborative Care for Melanoma & Skin Cancer

Date of Activity: Saturday, February 20, 2027

Location: Goldberg Auditorium (2nd Floor) 3855 Health Sciences Drive, San Diego, CA 92027

Website: networkliaison.org / **Email:** frontdesk@networkliaison.org

COMPANY / SPONSOR INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PRIMARY CORPORATE CONTACT DETAILS

Contact Person Name & Title: _____

Direct Telephone: _____

Direct Email Address: _____

INVOICING & ACCOUNTS PAYABLE DETAILS

AP Contact Name: _____

Billing / AP Email Address: _____

Purchase Order (PO) # (if required by Sponsor): _____

Network Liaison LLC
555 w. Country Club Ln, Suite C #172
Escondido, CA 92026
frontdesk@networkliaison.org



SPONSORSHIP PACKAGE SELECTION

Please select your package:

- [] **Commercial Exhibit Sponsorship Package — \$5,000.00 USD**
(Priority registration status applied for MOASC Premier Partners)

PACKAGE SCHEDULE & LOCATION DETAILS:

- **Date & General Check-In:** Saturday, February 20, 2027 | 7:00 AM PT (Goldberg Auditorium, 2nd Floor)
- **Exhibit Hours:** 7:30 AM – 12:00 PM Pacific Time (Teardown @ 12:00 PM)

PACKAGE BENEFITS & INCLUSIONS:

- **Display Space:** One (1) high-traffic 6-foot display table with tablecloth, table setup/breakdown, and Wi-Fi access included.
- **Representative Passes:** Two (2) complimentary exhibitor representative passes including networking breakfast and full access to academic expert lectures. (Note: Company-issued name badges must be displayed at all times.)
- **Post-Event Deliverables:** Post-event HCP attendee list emailed directly to registered corporate representatives.
- **Full Event Access:** Two (2) complimentary all-access registration passes (includes official program lectures, Wi-Fi, and continental breakfast).
- **Corporate Visibility:** Company recognition on official event signage, print materials, and event website hyperlink.

(Note: Payment via ACH or e-Check preferred. Payments processed via credit card are subject to a 3.00% processing fee resulting in a total of \$5,150.00)



Compliance & Conduct Standards

Participating organizations agree to abide by this Exhibitor Code of Conduct and all applicable U.S. Food and Drug Administration (FDA) regulations regarding industry-supported scientific activities. Sponsors must adhere to established industry guidelines, including the PhRMA Code on Interactions with Healthcare Professionals and the CMSS Code. Network Liaison reserves the right to take appropriate action for any non-compliance.

Terms & Conditions

Sponsorship Selection & Space Allocation

Due to high demand and strict space limitations (limited to 3 exclusive corporate exhibit partners), this agreement is offered on an open **first-come, first-served basis**. Receipt of this agreement document does not constitute a guaranteed hold or reservation of space. The Exhibit Package will be awarded strictly to the first qualified sponsor to return a fully executed agreement along with the required deposit/payment. Network Liaison reserves the right to decline agreements submitted after the slot has been filled.

Payment Terms & Cancellation Policy

- **Payment Terms:** Full payment is due by **December 1st, 2026** to secure space.
- **Payments Details:**
 - **Organizing Entity:** Network Liaison LLC
 - **Website:** networkliaison.org
 - **Primary Contact:** frontdesk@networkliaison.org
 - **ACH transfer or electronic check is preferred** (credit card payments incur a 3.00% processing fee).
 - **Checks may be mailed to:** *Network Liaison, 555 W. Country Club Lane, Suite C#172, Escondido, CA 92026*
 - **Tax ID (FEIN):** 93-3323901
- **Cancellation & Refunds:** All sponsorship registrations and fees are **non-refundable** upon execution of this agreement. Sponsorship funds may not be refunded, credited, or transferred. Cancellation of an agreement prior to Network Liaison receiving full payment does not release or discharge the sponsor's legal financial liability for funds due.



Indemnification

Network Liaison and Company each agree to defend, indemnify, and hold harmless the other party, its officers, employees, and agents from and against third-party claims, liabilities, or damages arising out of the performing party's negligent or intentional acts or omissions under this Agreement.

Agreement Execution & Authorization

This agreement constitutes an application for sponsorship and shall not become a binding contract until accepted, counter-signed, and confirmed in writing by an authorized representative of Network Liaison.

Sponsor / Company Representative	Network Liaison Authorized Representative
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____