



# RENAL ROUNDTABLE 2025-26 EXHIBITOR GUIDE

**Note: This is a general guide. Accredited events may have additional restrictions on exhibitors.**

## Presenting Partner - \$15,000 (Limit 1)

- Opportunity to welcome attendees from podium (2-minute maximum)
- Premium exhibit location with up to two (2) display tables
- Attendee list with mailing and email addresses\*
- Company name/logo and link on webpage
- Premium name/logo placement on event signage and materials
- Opportunity to include two items (printed material or swag) in welcome kit.

## Thought Leader - \$7,500 (Limit 3)

- Preferred exhibit location with display table
- Attendee list with email addresses\*
- Company name/logo and link on webpage
- Name/logo placement on event signage and materials
- Opportunity to include one item (printed material or swag) in welcome kit.

## Preferred Exhibitor - \$5,000

- Exhibit location with display table
- Attendee list with email addresses\*
- Company name/logo on webpage
- Name/logo placement on event signage and materials

## Basic Exhibitor - \$2,500 (Space limited)

- Exhibit location with display table
- Company name on webpage
- Name placement on event material

**Interested in doing more  
professional events with NKF  
throughout the year?**

Your ideas and suggestions are  
welcome! Contact Carolyn Spath  
at [cspath@kidneywi.org](mailto:cspath@kidneywi.org) or  
414-897-8669



\* For attendees who opt in to sharing this information. Consistent with best practices for information and data protection, attendees are able to opt in or out of sharing this personal information with exhibitors.



# NATIONAL KIDNEY FOUNDATION®

of Wisconsin

## Renal Roundtable Exhibitor Opportunities

- \_\_\_\_\_ \$15,000 – Presenting Partner (with on-stage speaking opportunity)
- \_\_\_\_\_ \$7,500 – Thought Leader (with preferred visibility and attendee list)
- \_\_\_\_\_ \$5,000 – Preferred Exhibitor (with attendee list)
- \_\_\_\_\_ \$2,500 – Basic Exhibitor
- \_\_\_\_\_ Custom Package (Contact [cspath@kidneywi.org](mailto:cspath@kidneywi.org) or 414-897-8669)
- \$ \_\_\_\_\_ Total Contribution

## Event of Interest:

\_\_\_\_\_

## Contact Details

Company/Organization (as it should appear): \_\_\_\_\_

Company Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Preferred Payment Method

- \_\_\_\_\_ Pledge (Due 1 week prior to event)
- \_\_\_\_\_ Check payable to National Kidney Foundation of Wisconsin  
at 10909 W Greenfield Ave, Suite 201, West Allis, WI 53214
- \_\_\_\_\_ Credit Card (Accepted through PayPal Invoice or by phone at 414-897-8669)