

High Risk Pregnancy and Heart Disease Conference April 13, 2018

Exhibitor Form

Company: _____

Name of Representative (s) staffing the exhibit table:

First/Last Name	Email Address	Phone Number

Name of Attendee (s) with complimentary registration per Exhibitor Support Level:

First/Last Name	Email Address	Phone Number

Representative's Address:

City, State, Zip: _____ Email: _____

Business Telephone: _____ Business Fax: _____

Products, supplies, equipment and/or services to be displayed: _____

As an authorized representative of the company listed above, I understand that:

1. Reasonable security measures will be taken for exhibits, but that The University of Texas Health Science Center at San Antonio and Norris Conference Center accepts no responsibility for any exhibit contents, instruments, or equipment.
2. Exhibitors may not assign, sublet or apportion space allotted, or exhibit any goods other than those manufactured or handled by the exhibitor in the regular course of his business.
3. Exhibit payment does not support education and is only for the use of the exhibit space.

Signature

Date

If signature is from other than Representative listed above, please provide information below:

Name of Authorized Representative: _____

Representative's Address: _____

City, State, Zip: _____ Email: _____

Business Telephone: _____ Business Fax: _____

Sponsorship Level: Silver - \$750.00 Gold - \$1,000.00

Check Enclosed. Make Payable to "UTHSCSA – CME # 162740"

Please Charge \$ _____ to: VISA MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Please return this completed form via fax or email to:
Fax: (210) 562-5579 • Email: cme@uthscsa.edu • Tel: (210) 567-4491

Conference Location:
Norris Conference Center-San Antonio/Park North, 618 NW Loop 410, Suite 207, San Antonio, Texas 78216
Tel: (210) 738-0040

High Risk Pregnancy and Heart Disease Conference April 13, 2018

Support Levels

SILVER

\$750

- Draped six-foot exhibitor table, two chairs
- Exhibit time during registration, Continental breakfast, breaks and lunch

Two (2) Complimentary Conference Registrations
Company Name & Logo on Website and Event Signage

GOLD

\$1,000

- Preferred Placement
- Draped six-foot exhibitor table, two chairs
- Exhibit time during registration, Continental breakfast, breaks and lunch

Three (3) Complimentary Conference Registrations
Company Name & Logo on Website and Event Signage

Conference Location:

Norris Conference Center-San Antonio/Park North
618 NW Loop 410, Suite 207
San Antonio, Texas 78216
Tel: (210) 738-0040

Move-In and Set-up:

Friday, April 13, 2018, 6:00 am - 8:00 am

Exhibitor Hours:

Friday, April 13, 2018, 8:00 am – 5:00 pm

Exhibitor Move-out:

Friday, April 13, 2018, 5:00 pm – 6:00 pm

Exhibit Area: Area adjacent to the Conference sessions

Parking: Please be sure to factor-in time to find parking. Guests are responsible for finding an authorized parking space.

Payment Schedule

Full payment must accompany the completed exhibitor space application.

Make checks payable to: *UTHSCSA CME – #162740*

7703 Floyd Curl Drive, Mail Code 7980, San Antonio, TX 78229-3900

Federal Tax ID# 74-1586031

Additional Information

Exhibitors will have 8+ hours of exhibit time and direct participant exposure during the Friday AM/PM breaks are all scheduled in the designated exhibitor area to maximize your contact time with attendees.

Contact Information

UT Health San Antonio Office of Continuing Medical Education
7703 Floyd Curl Drive, MC 7980, San Antonio, Texas 78229-3900
Tel: 210-567-4491 • Fax: 210- 562-5579 • Email: cme@uthscsa.edu