

45th Annual Symposium on Sports Medicine January 19-20, 2018

Exhibitor Form

Company: _____

Name of Representative (s) staffing the exhibit table: _____

Name of Attendee (s) with complimentary registration: _____

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 Marriott Plaza San Antonio 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.

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: Bronze - \$750 Silver - \$1,000 Gold - \$1,500

Check Enclosed. Make Payable to "UTHSCSA - CME, # 162349

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@uthhealthsa.org • Tel: (210) 567-4491 • <http://cme.uthscsa.edu/sportsmedicine2018.asp>

Conference Location:

Marriott Plaza San Antonio ~ 555 S. Alamo Street ~ San Antonio, TX 78205

Tel: (210) 229-1000

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Support Levels

BRONZE

\$750

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

Company Name & Logo on Website and Event Signage

SILVER

\$1,000

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

Two (1) Complimentary Conference Registrations
Company Name & Logo on Website and Event Signage

GOLD

\$1,500

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

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

Conference Location:

Marriott Plaza San Antonio
555 S. Alamo Street
San Antonio, TX 78205
Tel: (210)229-1000

Move-In and Set-up:

Thursday, January 18, 2018
6:00 pm

Exhibit Area: Pavo Real

Exhibitor Hours:

Friday, January 19, 7:00 am – 4:30 pm
Saturday, January 20, 7:00 am – 4:30 pm

Parking: Please be sure to factor-in time to find parking. The Marriott Plaza San Antonio offers all attendees and registered guests with standard and valet parking rates. Guests are responsible for finding an authorized parking space.

Exhibitor Move-out:

Saturday, January 20, 2018
4:30 pm – 5:30 pm

Payment Schedule

Full payment must accompany the completed exhibitor space application.

Make checks payable to: *UTHSCSA CME – #162349*

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

Federal Tax ID# 74-1586031

Additional Information

Exhibitors will have 10+ hours of exhibit time and direct participant exposure during the conference. Friday and Saturday (January 19-20) AM/PM breaks are all scheduled in the exhibitors' hall and foyer to maximize your contact time with attendees.

Hotel Reservations

For the special Symposium rate ask for The UT Health San Antonio 45th Annual Symposium on Sports Medicine. Reservations by phone 1-800-228-9290

Contact Information

UT Health Science Center 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@uthealthsa.org
<http://cme.uthscsa.edu/sportsmedicine2018.asp>