



December 10-13, 2009 • Hyatt Hill Country Resort and Spa • San Antonio, Texas

### Exhibitor Form

**Company:** \_\_\_\_\_

**Name of Representative(s) attending:** \_\_\_\_\_  
 (use separate page if needed)

**Representative's Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Products, supplies, equipment and/or services to be displayed:** \_\_\_\_\_

#### Payment Method

Check Enclosed – Payable to: **UT Health Science Center SA CME – 128435 (Tax ID # 74-1586031)**

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Mail or Fax to: Marissa E. Howard, Accreditation Manager  
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 210.567.6964 (fax) • 210.567.4435 (tel)

Availability is limited at each support level and is on a **first-come-first-served basis**. Placement will be made when the completed Exhibitor Form and payment is received in the UTHSCSA CME Office. **Full payment must accompany the Exhibitor Form.**