38th Annual Family Practice Review Course
EXHIBITOR FORM

March 12-15, 2014
Department of Family and Community Medicine
UT Health Science Center at San Antonio (UTHSCSA)
The Westin Riverwalk San Antonio
San Antonio, Texas

☐ Exhibit Fee: $750 (per table or equivalent space)

Company: ____________________________________________________________

Name of Representative(s) attending: ______________________________________

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 UT Health Science Center San Antonio and Hyatt Regency San Antonio accept 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: ________________

________________________________________
Signature

Mail this exhibitor form (or Fax with credit card payment (210) 562-5579) and payment to:
UT Health Science Center at San Antonio
The Office of Continuing Medical Education, MSC 7980
7703 Floyd Curl Drive, San Antonio, TX 78229-3900