

Industry Exhibitor Information



**Thursday, October 11, 2018 to
Saturday, October 13, 2018**

Royal Sonesta Hotel

1st Floor Legends Ballroom
2222 West Loop South, Houston, TX 77027

October 2018						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Exhibit space is one 6' table plus two chairs (if needed). Additional exhibit space may be purchased if space is available. Contact the Office of Continuing Medical Education (OCME) for information. See

Guidelines and Exhibit Fee.

EXHIBIT FEE: \$3,000

All spaces include standard power.
\$3,000 each space. Number of spaces: _____
Total: _____

EXHIBIT HOURS:

Thursday 10/11 7:00 am – 5:00 pm
Friday 10/12 7:00 am – 5:00 pm
Saturday 10/13 7:00 am – 4:00 pm

GUIDELINES

1. The Exhibit Agreement must be on file with OCME at least 7 business days before the activity is scheduled, unless other arrangements have been made with OCME. Space is provided on a first-come, first-served bases, with location usually randomly assigned. Exhibitors will be acknowledged on signage.
2. The Exhibit Fee must be paid before the exhibitor is allowed to set up, unless other arrangements have been made in writing with OCME in advance. Fees are non-refundable
3. Representatives must check in at the registration desk. OCME name badges will be issued. Company/Organization badges may not be worn.
4. OCME reserves the right to refuse exhibits, curtail activities, or close exhibits that do not comply with Baylor College of Medicine and/or the Accreditation council for Council for Continuing Medical Education policies.
5. OCME will invoice company/organization for additional charges, if any, for specified requirements.

COMPANY/ORGANIZATION INFORMATION (to be completed by Exhibitor)

Turn completed agreement with check (if applicable) to:

Entity Name

**Texas Heart Institute
Office of Continuing Medical Education
ATTN: Elaine Allbritton
6770 Bertner Avenue, MC3-276
Houston, TX 77030**

Address

City/State/Zip

E-mail

Phone

Fax

If paying by credit card, please return completed form with credit card information by e-mail or fax to (832) 355-9799.

EXHIBITOR AGREEMENT

INQUIRIES:

Elaine Allbritton
Phone: (832) 355-9490
E-mail: eallbritton@texasheart.org
Copy to: reaton@bcm.edu

Products/Services

Requirements

PAYMENT METHOD

Credit Card

Visa® MasterCard® Discover® AMEX®

Check

Make check payable to "Texas Heart Institute (Tax ID #74-6053200) and reference DFCon 2018 on the check.

SHIPPING INQUIRIES:

David Bennett
ATTN: Hold for DFCon Meeting
Royal Sonesta Houston
2222 West Loop South
Houston, TX 77027

AGREED

I verify that I am authorized to enter into this Agreement on behalf of the company/organization, and that I have complied with applicable company/organization policies. I agree to comply with the guidelines set forth in this Agreement. I understand that OCME will invoice the company/organization for additional charges, if any, for specified requirements.

Name/Title

Signature

Date