

Industry Exhibitor Information



March 2017

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	30	31	

1st Floor Legends Ballroom

Thursday March 23 to Sunday March 25, 2017

Royal Sonesta Hotel:

2222 West Loop South, Houston, TX 77027

Exhibit space is one 6' draped 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:

Multiple spaces are contiguous.
All spaces include standard power.

\$2,500 Each Space. Number of Spaces: _____
Total: _____

EXHIBIT HOURS:

Thursday 3-23 6:45am – 7:30pm
Friday 3-24 6:45am – 6:00pm
Saturday 3-25 6:45am – 4:00pm

Instructions: Complete company/organization information; list the representatives planning to attend; specify exhibit requirements (electrical, internet connection, extra chairs, etc.); and indicate payment method. Return the signed **Exhibit Agreement** with payment as indicated below.

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 basis, 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 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)

Entity Name _____

Address _____

City/State/Zip _____

Contact Person _____ Email _____

Phone No. _____ Fax _____

Return completed agreement with check (if applicable) to:

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

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

Exhibit Agreement

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 2017 on the check.

INQUIRIES:

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

SHIPPING INQUIRES:

David Bennett
Attn: Hold for DFCon Meeting
3/23 - 3/25, 2017
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 and agree that OCME will invoice the company/organization for additional charges, if any, for specified requirements.

Name/Title _____

Signature _____ Date _____



Con

**2017
Houston**

DIABETIC FOOT GLOBAL CONFERENCE

March 23-25, 2017

Royal Sonesta Houston Galleria

