

Application for Partner Exhibit Space

Please reserve exhibit space for our company at (Program Name) at (Location). If none of the six exhibit spaces we have requested are available, we request the (provider) to assign to our company the best available space.

We understand that this application becomes a contract when signed by us and accepted by the (Provider). We agree to abide by the conditions of the contract and regulations published in the Prospectus and by all conditions under which space at the (Location) is leased to the (Provider). We accept responsibility for informing all our employees and agents of these conditions and agree that they will abide by them. We further understand the penalties that may be assessed if we are in violation of these conditions.

We understand that the application deadline is (Date), and that full payment of exhibit space is due by (Date). Space will be assigned on (Date). We further understand that if our application is sent after initial space assignment, full payment must accompany the application, unless prior arrangements have been made with the Exhibit Manager. We are aware that any information received by the (Provider) **AFTER (Date), WILL NOT BE INCLUDED IN THE OFFICIAL PROGRAM.**

WE UNDERSTAND THE CANCELLATION POLICY AND THE PENALTIES FOR CANCELING OUR EXHIBIT. WE UNDERSTAND THAT IF PAYMENT FOR EXHIBIT SPACE ASSIGNED IS NOT RECEIVED BY (Provider) BY (Date), THAT SPACE MAY BE REASSIGNED.

We understand that any product(s) we will be promoting through our exhibit that require approval by the Food and Drug Administration (FDA) must receive this approval before our company will be eligible to exhibit. By signing this application, we are signifying that FDA approval has been granted.

We understand that selling and order-taking will be allowed on-site. We also understand that we are responsible for adhering to business license and sales tax regulations for the State of Missouri.

We understand that our exhibit is designed for the display and demonstration of products and services relating to the practice and advancement of the art and science of medicine, and the professional education of the members of the (Provider). To this end the (Provider) may forbid installation or request removal of discontinuance of any exhibit or promotion, wholly or in part, that in its opinion is not in keeping with the character and purpose of the (Provider).

We agree to be responsible for our own property through insurance or self-insurance and shall hold harmless each of the other parties and for any and all damage caused by theft and those perils normally covered by a fire and extended coverage policy.

We understand that the (Provider) reserves the right to change or modify any rule or regulation in the best interest of the (Provider).

Please complete application on reverse side.



APPLICATION FOR EXHIBIT SPACE

162nd Annual Convention | April 3, 2020

Renaissance St. Louis Airport Hotel

Contact Information

Company Name _____

Company Contact Person _____ Email _____

Company Address _____

City/State/Zip _____

Tel _____ Fax _____

Indicate booth locations in order of preference by booth number:

First Choice _____ Second Choice _____ Third Choice _____

Payment Information - Booth Cost \$1,000

Number of Booths _____ Name as it appears on card _____

Payment Amount \$ _____ Billing Address _____

Payment Method _____ City/State/Zip _____

By Check/Payable to MSMA _____ Card Number _____

MasterCard Visa _____ Expiration Date _____ Tel _____

Discover AMEX _____ Signature _____

Official Program Description

Please provide a description of your company's service or product line to be included in the Official Program, exactly as you wish it to appear/50-word limit. Deadline March 6.

Description _____

Company Name _____ Company Contact Person _____

Company Address _____ City/State/Zip _____

Email _____ Tel _____ Website _____

Exhibit Partner Names for Badges

List names of company representatives to be used for exhibit badges.

Booth Identifier Sign

Print exactly how you would like your company name to appear.

Submit Application

Please review information carefully before submitting.

If application is emailed, it must include an electronic signature.

Mail, fax, or email to:

Missouri State Medical Association

113 Madison Street ♦ P.O. Box 1028

Jefferson City, MO 65102

Tel: 573-636-5151 ♦ Fax: 573-636-8552

Exhibit Prospectus and Application are available at www.msma.org/exhibit-sponsorship-opportunities