Date

Dear Exhibitor:

The DEPARTMENT NAME welcomes you as an exhibitor at the ACTIVITY NAME. We are striving to make this symposium a rewarding experience for you and your company!

This letter contains information that will be helpful to you. Please read through the information and use it as a source of reference throughout the day.

As an exhibitor, you are allowed to attend the CME accredited sessions as an observer only. You are not allowed to ask or answer questions or make any comments.

Please remember that all exhibit materials and “giveaways” must be kept at your table and cannot be distributed at the registration table, in or around the education room or in or around the meal and break area.

**ACTIVITY NAME Exhibits**

ACTIVITY DATE

Location Name

Address

City, STATE, Zip

Map:  [HERE](https://www.google.com/maps/dir/%27%27/samis%2Bfamily%2Beduacatio%2Bcenter/%4035.4791829%2C-97.5010951%2C16z/data%3D%214m8%214m7%211m0%211m5%211m1%211s0x87b2171408c6b429%3A0xea1354f95c19807c%212m2%211d-97.497677%212d35.4812693)

Parking will be available at no cost. Please park in the south parking lot. Gates should be open; thus no ticket or code will be necessary to enter or exit.

The Exhibit area is located LOCATION. Exhibit hall hours are from TIMES (all exhibits must be set up by TIME).

Times allotted in the program for exhibits are:

 TIMES

At the conclusion of the AFTERNOON BREAK TIME, exhibitors may begin dismantling their exhibits.

It is our goal to make your participation in this year’s conference both successful and enjoyable. If you require additional information, please visit the registration desk.

Sincerely,

We look forward to seeing you at the converence

YOUR CONTACT NAME AND INFORMATION