

Exhibitor Application Agreement
Course Name, Course #

Please complete this agreement and mail it with payment information to the address at the bottom of the form.

Exhibitor Fees: (ADD FEES and what the fees include. i.e. table, breakfast, lunch, how many booth attendees, is there an additional price for more booth attendees)

Exhibit Dates and Hours
(ADD DATES AND TIMES HERE)

Company/Exhibit Name: _____

Exhibit Description: _____

Name(s) of On-Site Representative(s): (Please print)

Name 1: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Fax: _____ Email: _____

Name 2: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Fax: _____ Email: _____

This application constitutes an understanding and agreement to comply with the exhibit instructions as stated in the exhibit letter. I/we authorize the (YOUR DEPARTMENT) to reserve space for this exhibit under contract with the (CONFERENCE LOCATION) for the (CONFERENCE NAME, CONFERENCE DATE)

AGREED TO EXHIBIT:

Name: _____ Signature: _____ Date: _____

*Please make checks payable to OUHSC/CPD. Return Exhibitor Application Agreement and payment by (DEADLINE DATE), to secure your exhibit space to:

The University of Oklahoma College of Medicine
Office of Continuing Professional Development,
P.O. Box 26901, AAT 4000, Oklahoma City, OK 73126-0901
Phone: (405) 271-2350 or Fax (405) 271-3087
Federal Tax ID # 73-156-3627

Payment by credit card, please check one of the following:

We accept: Visa Master Card Discover

Amount \$ _____ Card Number _____ Expiration Date _____

Signature _____ Today's Date _____

Name (as it appears on card): Please

Print _____

Please keep a copy of this form for your files.