



May 23, 2018

Dear Exhibitor:

The OUHSC Department of Urology along with the Stephenson Cancer Center welcomes you as an exhibitor at the Annual Prostate and Urologic Cancers Symposium. 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.

Annual Prostate and Urologic Cancers Symposium
Friday, September 14, 2018
Samis Education Center
1200 Children’s Avenue
Oklahoma City, OK 73104
Map: [Here](#)

Parking will be available at no cost. Please park in the south parking lot. Gate code is **9135**.

The Exhibit area is located on the 1st floor. Exhibit hall hours are from 6:30am to 2:00pm (all exhibits must be set up by 6:15am and dismantled by 2:30pm).

Times allotted in the program for exhibits are:

6:30 am to 7:45 am
10:30 am to 10:45 am
12:15 pm to 1:15 pm

At the conclusion of lunch (1:15pm) exhibitors may begin dismantling their exhibits.

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

Sincerely,

Stevie D. Warner, MHR
Program Coordinator
stevie-warner@ouhsc.edu
(405) 271-2537

Exhibitor Application Agreement
Annual Prostate & Urologic Cancer Symposium, Course #19002

Online registration is highly recommended. To register online, go to <https://ouhsc.cloud-cme.com>

Exhibitor Fees: \$2,000 includes table, breakfast, lunch, 2 attendees (additional attendee is \$25)

Exhibit Dates and Hours
(Friday September 14, 2018 from 6:30 am to 2:00 pm)

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 OUHSC Department of Urology to reserve space for this exhibit under contract with the Samis Education Center for the Annual Prostate and Urologic Cancers Symposium on September 14, 2018.

AGREED TO EXHIBIT:

Name: _____ Signature: _____ Date: _____

*Please make checks payable to OUHSC/CPD. Return Exhibitor Application Agreement and payment by August 17, 2018 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.