



The University of Oklahoma
Health Sciences Center
Department of Medicine
Section of Rheumatology

April 26th, 2018

To Whom it May Concern:

The University of Oklahoma, College of Medicine, Rheumatology Section would like to invite you to exhibit at the 44th Annual William K. Ishmael Lectureship. Speakers have been confirmed to lecture on Manifestations of Immune Check Point inhibitors, Sjogren's Syndrome, Update on Behcet's Disease, and Psoriatic Arthritis. We anticipate 75-90 attendees.

Date: September 7, 2018 7:00 a.m. - 3:00 p.m.
Site: Oklahoma Medical Research Foundation
Wileman Auditorium and conference rooms
825 NE 13th Street
Oklahoma City, OK 73104

Exhibit Set-Up

Exhibitors can set up in the exhibit area on Friday, September 7th beginning at 7:00 a.m. You may choose to send you exhibit items in advance. Items should arrive on Thursday, September 6th, 2018. Vendors can pick up their things from the dock and have plenty of time to setup Thursday evening. OMRF will make sure everything is locked up and ready Friday morning.

Items can be mailed to:

Attention: Mike Bailey, OMRF
825 N.E. 13th
Oklahoma City, OK 73104
Re: Ishmael Lectureship, September 7th, 2018

Exhibit fee is \$2500. Exhibitor registration can be done by completing the attached form.

Please feel free to contact Nicole Lung at (405) 271-2330 or Nicole-Lung@ouhsc.edu if you have questions. No portion of these funds will be used for the speakers' honorarium. Thank you for your consideration and I look forward to your response.

Sincerely,

Matlock Jeffries, MD
Assistant Professor of Medicine
Division Chief of Rheumatology, Immunology, and Allergy



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Exhibitor Application Agreement

Exhibitor Fees: \$2500 Includes: 2 booth attendees (\$50 for each additional), breakfast, lunch, and CME attendance for each attendee.

Exhibit Dates and Hours
September 7, 2018 7:00am-3:30pm

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 Rheumatology Department to reserve space for this exhibit under contract with the Oklahoma Medical Research Foundation, Wileman Auditorium and conference rooms for the Ishmael Lectureship, September 7, 2018

AGREED TO EXHIBIT:

Name: _____ Signature: _____ Date: _____



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***Please make checks payable to OUHSC/CPD.** Return Exhibitor Application Agreement and payment by August 1, 2018 to secure your exhibit space to:

The University of Oklahoma College of Medicine
Office of Rheumatology,
800 Stanton L. Young Blvd., AAT 6400
Phone: (405) 271-2330 or Fax (405) 271-7256
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.