

17 February 2019

Dear Exhibitor:

The Oklahoma Center for Poison & Drug Information welcomes you as an exhibitor at the 2<sup>nd</sup> Annual Toxicology Education Day-Changing Trends in Drug Use and Poisoning. 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.**

**2<sup>nd</sup> Annual Toxicology Education Day Exhibits**

Friday, April 5<sup>th</sup>, 2019  
Nicholson Conference Center  
940 NE 13<sup>th</sup> St.  
Nicholson Tower, Suite 6900  
Oklahoma City, OK 73104  
Map: [HERE](#)

Parking will be available at no cost. Please park in the Stonewall parking garage (P4).

The Exhibit area is located in Conference Room F on the 5<sup>th</sup> floor of the Nicholson Tower Conference Center. Exhibit hall hours are from 7:30 am to 5:00 pm (all exhibits must be set up by 7:30 am). Times allotted in the program for exhibits are:

7:30 am - 8:00 am (registration, breakfast and exhibits)  
10:30 am - 10:45 am (morning break and exhibits)  
12:00 pm - 12:30 pm (lunch and exhibits)  
2:45 pm – 3:00 pm (afternoon break and exhibits)

At the conclusion of the afternoon break, 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,

Jami Johnson  
Assistant Director, Oklahoma Center for Poison & Drug Information  
[Jami-Johnson@ouhsc.edu](mailto:Jami-Johnson@ouhsc.edu)  
405-271-5454

Exhibitor Application Agreement  
2<sup>nd</sup> Annual Toxicology Education Day-Changing Trends in Drug Use and Poisoning, Course #19010

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

**Exhibitor Fees: \$500 (fee includes table, two booth attendees, continental breakfast and lunch)**

**Exhibit Dates and Hours**  
April 5<sup>th</sup> 2019 7:30am-5:00pm

**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 OU College of Medicine Office of Continuing Professional Development to reserve space for this exhibit under contract with the Nicholson Conference Center for the 2<sup>nd</sup> Annual Toxicology Education Day-Changing Trends in Drug Use and Poisoning.

**AGREED TO EXHIBIT:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please make checks payable to OUHSC/CPD. Return Exhibitor Application Agreement and payment by March 29<sup>th</sup>,2019 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.**