



Exhibitors General Information

- Extensive pre-conference promotion, including direct mail, e-mail, and website marketing pieces.
- **Exhibitors will be located on the 1st floor of the Samis Education Center which is ideal for access to conference attendees.** Exhibits will be placed in a designated area with high visibility. High attendance is anticipated.
- Exhibit space will consist of a six-foot table with two chairs. Limited spaces are available on a first-come, first-serve basis. Linens and electrical outlet **available upon request**. Please bring any necessary extension cords needed for your exhibit space.
- Times allotted in the program for exhibits:
 - **Friday, April 3** - 7:15 – 8:15 a.m., 10:10 - 10:40 a.m., 12:00 – 12:30 p.m., 3:00 - 3:30 p.m.
- Complimentary breakfast and lunch will be included for your staff.
- 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.
- The conference welcomes samples of your products, if applicable, for distribution to the participants.
- This has proven to be an effective method of advertising at conferences. 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.
- Exhibitors can set up in the exhibit area on Thursday, April 2nd, 3:00-4:30 p.m. and Friday beginning at 6:45 a.m.
- Exhibitors will be responsible for setting up and dismantling their own exhibit materials.

Company Name/Company Contact _____

First Name _____ Last Name _____
 Mailing Address _____ City/State/Zip _____
 E-mail Address _____
 Work Phone Number _____ Cell Phone Number (required) _____
 Will you be attending the conference? Yes No

Exhibitors are required to provide a brief description of the exhibit. You may list the types of products, product names or services you represent. PLEASE PRINT OR TYPE:

*****Please mark if you will need electrical outlet for your exhibit _____
 *****Please mark if you will need linens for your exhibit _____

Location:
 Samis Education Center
 1200 Children’s Ave.
 Oklahoma City, OK

Date:
 Friday, April 3, 2020
 Contact: Cindy Dibler
 cindy-dibler@ouhsc.edu
 (405) 271-4401



Exhibitor Application Agreement

Thank you for agreeing to exhibit at our educational activity. **DEADLINE for application is March 20, 2020.**

\$850.00 Exhibit fee includes two exhibitor registrations. Additional exhibit representatives will be charged \$50 each. Payment must be received prior to conference to participate. Please plan accordingly.

Exhibit Name _____

Names of On-Site Representative(s): PLEASE PRINT

Name: _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

Name: _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

This application constitutes an understanding and agreement to comply with the exhibit instructions as stated in the exhibit letter. I/we authorize the Department of Pediatrics to reserve space for this exhibit with the Samis Education Center for the 46th Annual Advances in Pediatrics, **April 3, 2020.**

*Please make checks payable to OUHSC-CPD. Return application agreement, payment and exhibit description to secure your exhibit space to: __

The University of Oklahoma Health Sciences Center
Office of Continuing Professional Development, College of Medicine
P.O. Box 26901, AAT 4000, Oklahoma City, OK 73126-0901
Phone: (405) 271-2350 ext. 1 or Fax: (405) 271-3087
Susie-Dealy@ouhsc.edu
Federal Tax ID # 73-1563627

Payment Method:

- Purchase order (please e-mail a copy of the PO to jan-quayle@ouhsc.edu)
- Check: Check Number: _____
- Credit Card: (Visa, MasterCard, or Discover)

NOTE: We DO NOT accept credit card payments through the mail.

Credit card payments are accepted by calling the CPD office, 405-271-2350, Monday-Friday 8 a.m.-5 p.m. excluding holidays.

AGREED TO EXHIBIT:

Name: _____ Signature: _____ Date: _____