



University of Oklahoma College of Medicine  
Department of Pediatrics

**43rd Annual Advances in Pediatrics  
Encounters of the Common Kind:  
Reviews and Expert Discussion**

**April 21, 2017**

## Exhibitors General Information

- All exhibitors will be recognized in the participant syllabus and conference materials.
- Extensive pre-conference promotion, including direct mail, e-mail, and website marketing pieces.
- **Exhibitors will be located on the 1<sup>st</sup> floor of the Samis Education Center which is ideal for access to conference attendees.**
- Exhibit space will consist of a six-foot table with two chairs. 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.
- Exhibits will be placed in a designated area with high visibility. High attendance is anticipated. Times allotted in the program for exhibits:

**Friday, April 21** - 7:00 – 8:15 a.m., 10:00 - 10:30 a.m., 12:00 -12:30 p.m., 3:00 - 3:30 p.m.

- Complimentary lunch will be included for your staff and access to the lectures.
- 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.
- Exhibitors can set up in the exhibit area on Friday, April 21, beginning at 6:30a.m.
- Exhibitors will be responsible for setting up and dismantling their own exhibit materials.

**Exhibit Description/Exhibit Name** \_\_\_\_\_

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:

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\*\*\*\*\*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

Dates:  
Friday, April 21, 2017  
Contact: Cindy Dibler  
cindy-dibler@ouhsc.edu  
(405) 271-4401



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## Exhibitor Application Agreement

Thank you for agreeing to exhibit at our educational activity. Please complete and return this form or go to [cme.ouhsc.edu](http://cme.ouhsc.edu) to fill out application online.

Exhibit Fee \$750.00

Exhibit fee includes two exhibitor registrations. Additional exhibit representatives will be charged \$50 each.

**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: \_\_\_\_\_

\*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. 6 or Fax: (405) 271-3087 Federal Tax ID # 73-1563627

For payment by credit card, please check one of the following:

We accept:  Visa  Master Card  Discover

Amount \$750.00 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

AGREED:

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