



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 sponsors and 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 1st 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 conferences welcome 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:

*****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.

Exhibit Fee \$750.00

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

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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, COMB 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: _____

Please keep a copy of this form for your files