



CME Exhibitor Reservation Application Form

To reserve exhibit space, confirm your participation by submitting this application by Friday, June 23, 2017.

Company Name: _____ Contact Person: _____

Title: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Exhibitor Fees: __\$2,000 table display __\$2,500 larger display

Exhibit Information:

- Exhibit days: Friday, Sat & Sun
- Opportunity to interact with physicians and attendees
- Continental breakfast for 2
- One 6-foot table, 2 chairs
- Company name recognition on posters and syllabus
- List of attendees

DELIVERY OF EXHIBIT BOOTH MATERIALS

You are encouraged to bring your materials to avoid storage charges. If you plan to ship your materials, please make sure they arrive on **Thursday, June 29**. Please mark your boxes clearly with your company name and the symposium name. Properly marked boxes will be delivered to your booth the afternoon of **Thursday, June 29**.

Ship properly marked boxes to:

JW Marriott Marco Island Beach Resort

400 South Collier Boulevard

Marco Island, Florida 34145

Ref: Baptist Health South Florida Primary Care Focus Symposium

June 30-July 2, 2017

(Your Name and Company Name)

Electrical Outlet Requirement: _Yes _No

NOTE: You will be responsible for hotel charges related to electric, shipping, storage and handling. Forms will be sent to you for completion as the symposium date approaches. Forms that are not completed and sent to the hotel with advance payment will risk proper and timely delivery of booth material.

Booth Personnel – Name Badge Order Please print name of representatives who will be exhibiting at the symposium.

Name: _____ Name: _____

Name: _____ Name: _____

Payment Submission

Signed Terms and Conditions form (next page) must accompany payment

Full Payment must be received by Friday, June 30.

Payment Method

Check enclosed (Payable to Baptist Health CME Department)

Credit card payment (online)

If you have questions, please contact Julie Zimmet at **786-596-8612** or juliez@BaptistHealth.net

Thank you!

Baptist Health CME Exhibit & Exhibitor Terms and Conditions

- For the purpose of this agreement, “Exhibitor” refers to the Company(ies) represented at this event as well as the Company’s representative(s) present at this event; and “Baptist Health” refers to Baptist Health South Florida, its affiliates, subsidiaries, contractors, departments and/or employees.
- In exchange for payment in full for the exhibit space contracted by the exhibitor, Baptist Health CME will provide the following: one (1) six foot skirted table and two (2) chairs. Standard electrical hook-up can be provided upon request. Exhibit space will not have side or back drapes.
- Exhibitors may not place brochures, marketing materials or flyers outside of that company’s assigned exhibit space.
- Exhibitors may not affix anything to the walls, doors, floors or columns of the exhibit hall.
- All illuminated displays and other equipment requiring electrical current must conform to local electrical codes. All extension codes must be 3-wire grounded and UL approved.
- Subletting of exhibit space is not permitted.
- If an exhibitor or sponsor wishes to cancel, written notification must be sent to Baptist Health CME. Cancellations after March 4, 2016 will not be granted a refund.
- Baptist Health CME reserves the right to (a) reject any exhibit application; (b) reject, prohibit, restrict or otherwise require modification of any exhibit for any reason; and (c) evict or ban any exhibitor whose exhibit, materials or conduct is objectionable for any reason.
- Violation of any regulations on the part of the exhibitor, its employees or agents shall void the right to occupy space, and such exhibitor will forfeit to Baptist Health CME all monies that may have been paid.
- Upon evidence of violation, Baptist Health CME may take possession of the space occupied by the exhibitor and may remove all persons and goods at the exhibitor’s risk. The exhibitor shall pay all expenses and damages that Baptist Health may thereby incur.
- Exhibitor agrees to be responsible for his/her own property and acknowledges that neither Baptist Health nor the facility assume responsibility for damage to, loss of or theft of property.
- Exhibitor shall release and hold harmless and indemnify Baptist Health from any and all claims, obligations, liabilities, causes of action, lawsuits, damages, and assessments, including legal fees, that result from an allegation of negligence on the part of the exhibitor or Baptist Health or third parties in the use of the exhibit space or activities in connection with the use of the exhibit space.

Agreement Statement

YES, I have read and understand the Baptist Health CME Symposium Exhibit and Exhibitor Terms and Conditions and agree to participate in the 2016 Primary Care Focus Symposium as an exhibitor as indicated in this contract.

Name (print): _____

Signature: _____

Special Accessibility Needs

In accordance with the Americans with Disabilities Act, Baptist Health CME will make all reasonable efforts to accommodate persons with disabilities at this Symposium. Please call (786) 596-8612 with your request, or send your request in via email to JulieZ@BaptistHealth.net by June 23, 2017.

If you have questions, please contact:

Continuing Medical Education Department, Attn: Julie Zimmet, 8900 N. Kendall Drive, Miami, Florida 33176

Phone: 786-596-8612 | Email: JulieZ@BaptistHealth.net