

To reserve exhibit space, confirm your participation by submitting this application by Friday, March 24.

Company: _____ Contact Person: _____

Title: _____ Email address: _____

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

Telephone: _____ Fax: _____

Exhibitor Fees

_____ \$750

Exhibit Information:

- | | | |
|-----------------------------|--|------------------------------|
| -Exhibit day is Saturday | -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 |

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, March 24

Payment Method

Mailed Check (Payable to Baptist Health CME Department). Please mail to: **Baptist Health South Florida, Attention: CME Department, 8900 North Kendall Drive, Miami, FL 33176**

Credit Card Payment (online)

Contact Information:

Continuing Medical Education Department, Attn: Audrey Gurskis, 8900 N. Kendall Drive, Miami, Florida 33176
Phone: 786-596-5569 | Fax: 786-533-9706 | Email: AudreyD@BaptistHealth.net

Baptist Health CME Exhibit and 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(ies’) 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 six-foot skirted table and two 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 cords must be three-wire grounded and UL approved.
- Subletting of exhibit space is not permitted.
- If an exhibitor wishes to cancel, written notification must be sent to Baptist Health CME. Cancellations after Friday, March 24, 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.
- Baptist Health has the sole responsibility for and control over the content and conduct of this program, which will be independent, balanced, scientifically based and free from commercial bias.
- Company’s agreement to participate as an exhibitor at this program is not in any way conditional upon any past, present or future business relationship with Baptist Health.

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 786-596-5569 with your request, or email your request by Friday, March 24, to AudreyD@BaptistHealth.net.

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 16th Annual Pediatric Symposium as an exhibitor as indicated in this contract.

NAME (print): _____

SIGNATURE: _____

If you have any questions, please contact:

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