

Exhibit Space Contract

POFPS 44th Annual CME Symposium — August 9-11, 2019

Our company, _____, would like to exhibit at the POFPS 43rd Annual CME Symposium, which has show days from August 9-11, 2019, at the Hershey Lodge in Hershey, Pennsylvania.

Exhibitor Booth Selection:

Orders for exhibit location are to be made on this contract. Exhibit space is confirmed in order of receipt of the completed contract with payment. Exhibit companies agree to accept relocation should it become necessary for causes beyond the control of the Exhibit Chairman or advisable in the best judgement of the Exhibit Committee. Exhibit companies agree to abide by the rules and regulations as outlined in the exhibit prospectus, which is part of this contract. POFPS reserves the right to assign the next-best substitute space if your choice is not available.

Please enter your order for the following booth selections:

1st Choice _____

2nd Choice _____

3rd Choice _____

Products or services to be exhibited include: _____

We wish to be in close proximity to the following companies: _____

We do not wish to be in close proximity to the following companies: _____

Exhibitor Registration Information:

Primary Contact Name _____

Company Name _____

Office Address _____

City _____ State _____ Zip _____

Cell Phone Number (____) _____ E-mail Address _____

On-Site Booth Representative(s) (if known) _____

THE COST OF ONE EXHIBIT BOOTH IS \$1,200

I agree to pay the full amount of our exhibit space contract no later than July 15, 2019

Method of Payment and Amount Enclosed:

I would like to pay by:

Check made payable to "POFPS"

Visa Mastercard American Express Discover

No. _____ Exp.: _____ CVV: _____

Billing name if different than above: _____

Billing address if different than above: _____

Number of Exhibit Booths at \$1,200 Each: _____ TOTAL AMT. ENCLOSED: _____

For POFPS Office Use Only

Check # _____

Amount _____

PLEASE RETURN TO:

Pennsylvania Osteopathic Family Physicians Society c/o Susan DePue

1330 Eisenhower Boulevard, Harrisburg, PA 17111

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Fax – (717) 939-7255

E-mail: sdepue@poma.org