



Annual Dialysis Conference

presented by the *University of Missouri Division of Nephrology*

March 3-6, 2018 • Orlando World Center Marriott • Orlando, Florida

COMMERCIAL EXHIBIT DISPLAY APPLICATION

Company Name _____ Contact Person _____

Address _____

City _____ State _____ ZIP _____

Phone + Area Code _____ Email Address _____

Complimentary Registration Policy:

Four (4) complimentary conference exhibitor registrations are provided for every 100 square foot of exhibit space.

Additional exhibit staff must be registered at a fee of \$200 each.

Names and addresses of persons who will staff the display:

Exhibit Badge vs. Regular Attendee Badge

Exhibit Badge: Allows attendance to any part of the conference; and entrance to the Exhibit Hall at any time. Does *not* allow individual to receive CEU's or conference materials.

Regular Attendee Badge: Allows individual to receive CEU's and conference materials; entrance to the Exhibit Hall is allowed only during posted exhibit hours (unless escorted by an exhibitor).

Exhibit staff who want CEU's and the conference materials may register at the usual conference rate, and will receive a badge saying "Exhibitor/Attendee". (With this badge, they may enter the Exhibit Hall at anytime.) No one will receive more than one badge.

Booth Size and Cost:

___ 10' x 10' perimeter booth \$3,700.00 ___ Additional 10'x10' perimeter spaces @ \$3,700.00 each
___ 20' x 20' Island \$16,000.00 ___ 20' x 30' Island \$24,600.00 ___ 20' x 40' Island \$33,200.00
___ 30' x 30' Island \$37,500.00 ___ 30' x 40' Island \$49,400.00 ___ 30' x 50' Island \$60,500.00
___ Other _____ **Total \$** _____

Booth Location: Please list your booth preferences (refer to exhibit space diagram)

1st Choice: _____ 2nd Choice: _____
3rd Choice: _____ 4th Choice: _____
5th Choice: _____ 6th Choice: _____

You must indicate all 6 choices, since the location will be assigned on a point system, explained in the Rules & Regulations.

Applications will not be considered complete until deposit equaling 50% of the exhibit fee is received, and the statement above is signed. No exhibit space will be assigned on the basis of an incomplete application. Fees must be paid in full by January 8, 2016.

_____ (Company Name) accepts and will comply with the Rules & Regulations included in the **Information For Exhibitors** provided by the Office of Continuing Education, School of Medicine, University of Missouri.

Name & Title: _____ Date: _____

Name & Title: _____ Date: _____

Fees must be paid by check, payable to: Academy of Post Graduate Health Education, tax ID #43-1682002

Send complete application and payment to:

Thom Pancella
1 Hospital Drive, DC018.00.00
Columbia, Missouri 65212

Phone: (573) 882-8792 • Fax: (573) 882-5666 • pancellat@health.missouri.edu