

## Exhibit Set-Up

Wednesday May 7, 3:00 – 6:00 pm

Thursday, May 8, 6:00 – 6:45 am

EXHIBIT TABLES MUST BE READY BY 6:45 am on Thursday, May 8. Tables that are not occupied by 6:45 am will be removed.

## Exhibit Dismantle

Saturday, May 10, 12:00 – 2:00 pm

## Exhibit Hours

Thursday, May 8, 7:00 am – 1:10 pm

Friday, May 9, 6:45 am – 12:00 pm

Saturday, May 10, 7:00 am – 12:45 pm

## POS Tax ID Number

23-2184602

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# Exhibit Registration Form

PENNSYLVANIA ORTHOPAEDIC SOCIETY

**Sports Medicine: Current Concepts and Controversies**

May 8-10, 2008 · Ocean Reef Club, Key Largo, FL

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR EXHIBIT CONTRACT.**

Each company may have a maximum of four (4) representatives in the exhibit area.

**POS Tax ID Number: 23-2184602**

Company Name \_\_\_\_\_

1. Representative Name \_\_\_\_\_

2. Representative Name \_\_\_\_\_

3. Representative Name \_\_\_\_\_

4. Representative Name \_\_\_\_\_

## Electrical Requirements

Please indicate:

We do not require electricity.

We require \_\_\_\_ standard electrical outlets.

Please indicate whether you will place a high back display behind your table:  Yes  No

Please return registration form and exhibit contract with payment to:

Colin Gabler, Associate Director  
Pennsylvania Orthopaedic Society  
500 North Third Street, 11th Floor, Harrisburg, PA 17101-1111  
Fax: (717) 909-8906

If you have questions, please call Colin Gabler at 1-888-772-7900 or email at [colin@paorthosociety.org](mailto:colin@paorthosociety.org)

**CANCELLATION POLICY—There will be a \$25 processing fee for registration cancellations received before April 30, 2008. Refunds will not be granted for cancellations received on or after April 30, 2008.**

**EXHIBITORS MUST ALSO FILL OUT THE EXHIBIT CONTRACT  
ON THE REVERSE SIDE OF THIS PAGE**

# Exhibit Contract

PENNSYLVANIA ORTHOPAEDIC SOCIETY

## Sports Medicine: Current Concepts and Controversies

May 8-10, 2008 · Ocean Reef Club, Key Largo

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Support (one table, two tables, silver, gold, platinum): \_\_\_\_\_

Amount of Support: \_\_\_\_\_

Number of Tables: \_\_\_\_\_

### Exhibit Space

(The following fees are waived with a minimum \$5,000 support of any event(s) below)

\_\_\_\_\_ One 6' Exhibit Table @ \$1,500      \_\_\_\_\_ Two 6' Exhibit Tables @ \$2,750

We will exhibit on (check all that apply):  Thursday  Friday  Saturday

### Available Event Support Opportunities

Silver Level Exhibitor	\$5,000 for one table
Gold Level Exhibitor	\$7,500 for one table
Platinum Level Exhibitor	\$10,000 for one table
Educational Grant—Thursday Welcome Reception	\$ _____
Educational Grant (amount at company discretion)	\$ _____

Silver, Gold, and Platinum Level Exhibitors will be given two six-foot display tables (unless otherwise noted), special recognition in the program book, different colored ribbons on their name badges, and signage denoting their support. **Call about being our one and only 2008 golf tournament supporter!**

### Events Included with Exhibit Fee—Entitled to 4 Company Representatives:

Registration fee includes: Admission to scientific sessions, continental breakfasts, coffee breaks, exhibit hall entrance and Wednesday evening reception (attendee and one guest) at no charge.

### REGISTRATION IS REQUIRED FOR ALL EVENTS. PLEASE INDICATE THE NUMBER ATTENDING EACH EVENT IN THE APPROPRIATE SPACE.

Wednesday Welcome Reception

Friday Golf Tournament    Contact Phone/Email: \_\_\_\_\_

Players Names: \_\_\_\_\_

Friday Party:    \_\_\_\_\_ Adults (13 & up) @ \$45      \_\_\_\_\_ Children (5-12) @ \$20

### Method of Payment

Check enclosed made payable to POS

Amex       Visa       MC

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

We understand and agree to follow the policies and procedures in the ACCME STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION.

Authorized Signature: \_\_\_\_\_