



To reserve exhibit space, confirm your participation by submitting this application by Monday, March 5

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

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Exhibitor Fees**

\_\_\_\_\_ \$500

**Exhibit Information:**

-Exhibit days are Wed./Thurs.

-Opportunity to interact with PA's, ARNP, nurses and attendees

-One 6-foot table, 2 chairs

-Company name recognition on syllabus

-List of attendees

**Electrical Outlet Requirement**

\_ Yes \_ No

NOTE: You will be responsible for any shipping and handling. We will not provide overnight storage space.

**Booth Personnel - Name Badge Order** Please print name of representatives who will be exhibiting at the conference.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Payment Submission**

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

**Full payment must be received by Monday, March 5.**

**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: Alexandra Sanford, 8900 N. Kendall Drive, Miami, Florida 33176  
Phone: 786-596-2398 | Fax: 786-533-9706 | Email: [AlexandrSa@BaptistHealth.net](mailto:AlexandrSa@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 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 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 March 5, 2018 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) 596-2398 with your request, or send your request in via email by February 23, 2018 to [AlexandrSa@BaptistHealth.net](mailto:AlexandrSa@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 MCI OCN Certification Review as an exhibitor as indicated in this contract.

NAME (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### **If you have any questions, please contact:**

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