

2018 Exhibitor Application



Kentucky
CHAPTER

Organization _____

Contact Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone (Alternate) Number _____

Email Address _____

Organization Website Address _____

Competitors to Avoid _____

Names of Attending Representatives

Badge Name #1 _____

Email Address _____

Claiming CME Credits. Type of Credits _____

Badge Name #2 (2nd attendee for Gold, Platinum & Diamond sponsorships only)

Email Address _____

Claiming CME Credits. Type of Credits _____

Badge Name #3 (3rd and 4th attendee for Platinum & Diamond sponsorships only)

Email Address _____

Claiming CME Credits. Type of Credits _____

Badge Name #4 (4th attendee for Diamond sponsorship only)

Email Address _____

Claiming CME Credits. Type of Credits _____

Exhibitor Policy/Guidelines

As an exhibitor your company will have no influence on the selection of speakers, topics or other components of the event/CME activity. Acceptance of this offer to exhibit in no way creates an expectation or obligation to purchase or recommend your company's products or services. This exhibit is held in conjunction with an accredited CME activity, all ACCME requirements will be strictly observed and enforced by the CME Provider.

By submitting an exhibitor registration form you agreeing to the following:

- No funds will be paid to support any specific educational programming or activities associated with the event.
- You will pay these fees without any expectation that your products or services will be purchased and without pressure to prescribe or purchase your products.

Sponsorship/Exhibitor Contribution

- Diamond Sponsor \$10,000
- Platinum Sponsor \$7,500
- Gold Sponsor \$5,000
- Silver Sponsor \$2,500

Total Amount: _____

Choose one:

- Check
- AMEX
- Mastercard
- Discover
- Visa

Card/Check Number _____

Expiration Date _____ Security Code _____

Name of Cardholder _____

Signature _____

If paying by Check, mail this form with payment to: KY-ACC • 446 East High Street, Suite 10 • Lexington, KY 40507.

If paying by Credit Card, fax the completed form to 859-271-0607 or email to lcampobasso@kentuckyacc.org.