

Industry Exhibitor Information



Thursday, October 15, 2020 to Friday, October 16, 2020

Exhibit space is one 6' table plus two chairs (if needed). Additional exhibit space may be purchased if space is available. Contact the Office of Continuing Medical Education (OCME) for information. See **Guidelines** and **Exhibit Fee**.

EXHIBIT FEE: \$750

\$750 each space. # of spaces: _____

GUIDELINES

1. The Exhibit Agreement must be on file with OCME at least 7 business days before the activity is scheduled, unless other arrangements have been made with OCME. Space is provided on a first-come, first-served bases, with location usually randomly assigned. Exhibitors will be acknowledged on signage.
2. The Exhibit Fee must be paid before the exhibitor is allowed to set up, unless other arrangements have been made in writing with OCME in advance. Fees are non-refundable.
3. OCME reserves the right to refuse exhibits, curtail activities, or close exhibits that do not comply with Baylor College of Medicine and/or the Accreditation council for Council for Continuing Medical Education policies.
4. OCME will invoice company/organization for additional charges, if any, for specified requirements.

COMPANY/ORGANIZATION INFORMATION (to be completed by Exhibitor)

Return completed agreement with check (if applicable) to:

Entity Name

Address

City/State/Zip

E-mail

Phone

Fax

**Texas Heart Institute
Office of Continuing Medical Education
ATTN: Brenda Jones
6770 Bertner Avenue, MC3-276
Houston, TX 77030**

If paying by credit card, please return completed form with credit card information by e-mail

EXHIBITOR AGREEMENT

Products/Services

Requirements

INQUIRIES:

Brenda Jones
Phone: (832) 355-9492
E-mail: bjones@texasheart.org
Copy to: ashley.benning@bcm.edu

PAYMENT METHOD

Credit Card

Visa® MasterCard® Discover® AMEX®

Check

Make check payable to "Texas Heart Institute (Tax ID #74-6053200) and reference "Advances in Critical Care 2020" on the check.

AGREED

I verify that I am authorized to enter into this Agreement on behalf of the company/organization, and that I have complied with applicable company/organization policies. I agree to comply with the guidelines set forth in this Agreement. I understand that OCME will invoice the company/organization for additional charges, if any, for specified requirements.

Name/Title

Signature

Date