

THE PODIATRY INSTITUTE

Annual Newport Conference

Exhibit Space Application

May 1 - 3, 2009

Newport Marriott
Newport, RI

Complete this exhibit space application promptly and fax it to 404-508-8539 with a charge card number, or mail it with your check to insure your space reservation. You are not considered registered until payment is received.

Exhibitor Fee (Table Top) = \$1250 Full payment must accompany this completed form.

Payment Method

My Check in the amount of \$ _____ Payment enclosed

Please make check payable to: The Podiatry Institute ♦ Federal Tax ID #58-1906272

Charge Visa Master Card American Express Discover

Credit Card Number _____ Exp. Date ____ / ____ / _____

Cardholder Name _____ Signature _____

Mail Check & Application to: The Podiatry Institute
2675 North Decatur Rd. ♦ Suite 309 ♦ Decatur, GA 30033

Company Info (As you want it to appear in the program)

(Company Name) _____

(Street Address) _____

(City) _____ (State) _____ (Zip) _____

(Office Phone) _____ - _____ - _____ (Website) _____

Fax _____ - _____ - _____

Representative(s) at Conference _____

Primary Representative's email _____

Company Contact _____

Title _____

Email _____

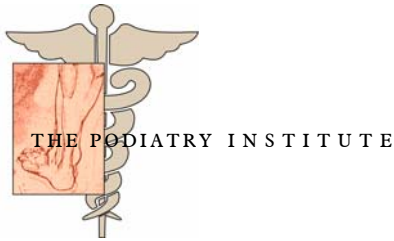
Product or Service to be Displayed _____

Companies You Prefer Not To Exhibit Next To: _____

Electricity Required? Yes No

For more information contact: Dan Vickers, CAE ♦ Executive Director ♦ 770-939-0393
The Podiatry Institute ♦ 2675 North Decatur Rd. ♦ Suite 309 ♦ Decatur, GA 30033

Travel Contact Trish Graves with Carlson Travel ♦ 678-689-0176 ♦ tgraves@cwsk.com



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- ◆ All food functions will be held in the exhibit hall to maximize your contact with attendees.
- ◆ There are a number of opportunities available to sponsor conference events & speakers. Call Dan Vickers at 770-939-0393 for more information.
- ◆ **CANCELLATION POLICY:** Cancellation requests must be made in writing, via fax, mail or e-mail and postmarked no later than 2 weeks before the start date of the conference. All refund requests will be assessed a \$250 cancellation fee per booth. In lieu of a refund you may transfer the full amount to an alternate Podiatry Institute meeting within one year of cancellation. If canceling less than two weeks prior to the conference NO refund will be due to the exhibitor. Instead you may transfer \$1000 of the booth fee to an alternate meeting. All transferred funds must be used within one year of the original date of cancellation.

Exhibit Table Top Fee = \$1250

Exhibit Registration Full payment for your exhibit must accompany space confirmation agreement. Applications will be accepted until space is sold out.

CONFERENCE SCHEDULE:

(Subject to Change as the Program Develops)

Thursday, April 30 7:00 PM – 9:00 PM – Move-in & Setup

Friday, May 1 7:30 AM – 8:00 AM – Doctor Registration and Continental Breakfast
10:00 AM – 10:45 AM – Break - Visit Exhibits
12:30 PM – 1:30 PM – Lunch Provided
4:00 PM – 4:45 PM – Break - Visit Exhibits

Saturday, May 2 7:30 AM – 8:00 AM – Continental Breakfast in the Exhibit Hall
10:00 AM – 10:45 AM – Break - Visit Exhibits
12:30 PM – 1:30 PM – Lunch Provided
4:00 PM – 4:45 PM – Break - Visit Exhibits
After 5:00 PM – Exhibitor Move-out

Sunday, May 3 Optional

Conference Hotel Newport Marriott
25 Americas Cup Avenue
Newport, RI 02840
401-849-1000
800-228-9290
Podiatry Institute Rate: \$219 Single/Double
Please make your reservation NOW! Cut-off date – March 31

Travel Call Trish Graves with Carlson Travel ♦ 678-689-0176

Shipping Information
Newport Marriott
25 Americas Cup Avenue
Newport, RI 02840
Attn: Dan Vickers, Podiatry Institute Conference
May 1-3, 2009

For Further Information
Dan Vickers, CAE
Executive Director
The Podiatry Institute
2675 North Decatur Rd., Suite 309
Decatur, GA 30033
770-939-0393