

Windy City Conference

# Exhibit Space Application

November 30 – December 1, 2018

Chicago Marriott Schaumburg  
Schaumburg, IL

*Please print neatly – illegible registrations may result in missing/incorrect information.*

*Registration received less than 2 weeks prior to meeting will not be included in conference materials.*

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, No Sharing)** = \$1250 by check, \$1288 by credit card. 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

### The Following Company Information Will Be Printed In The Conference Program:

(Company Name) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Office Phone) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Website) \_\_\_\_\_

25-word description of product or service \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Representative(s) at Conference (limit 2 per day) \_\_\_\_\_

Primary Representative's email \_\_\_\_\_

Company Contact \_\_\_\_\_ Title \_\_\_\_\_

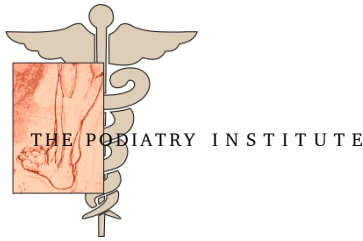
Email \_\_\_\_\_

Companies You Prefer Not To Exhibit Next To: \_\_\_\_\_

Electricity Required?  Yes  No

For more information contact: The Podiatry Institute ♦ 770-939-0393

[k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com)



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## Exhibitor Prospectus

November 30 – December 1, 2018

Chicago Marriott Schaumburg  
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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.
- ◆ The Podiatry Institute reserves the right to refuse exhibit space if the vendor's product, service, or display/booth is not consistent with the character of the event.

**Exhibit Table Top Fee** = \$1250 by check, \$1288 by credit card – Includes 6' draped table, two chairs and electricity if needed. No sharing.

Exhibit materials weighing 150 lbs. or more and/or being shipped via pallet/crate may be subject to additional charges from the hotel's receiving department.

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

**Move-in and Set-up** Thursday, November 29 – 7:00 PM - 9:00 PM

**Friday, November 30**  
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, December 1**  
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, December 2** Optional

**Conference Hotel** Chicago Marriott Schaumburg  
50 North Martingale Road  
Schaumburg, IL 60173  
1-800-228-9290  
Podiatry Institute Rate: \$112  
*Please make your reservation NOW! Cut-off date – 10-29-2018*

**Shipping Information**  
Chicago Marriott Schaumburg  
50 North Martingale Road  
Schaumburg, IL 60173  
Attn: Dan Vickers, Podiatry Institute Conference  
December 1-3, 2017

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

Please arrange ahead with your shipping company for pickup from the hotel at the end of the meeting.