

THE PODIATRY INSTITUTE

25<sup>th</sup> Annual Winter Conference

# Exhibit Space Application

February 8-10, 2018

Park City Marriott

Park City, Utah

*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 \_\_\_\_\_

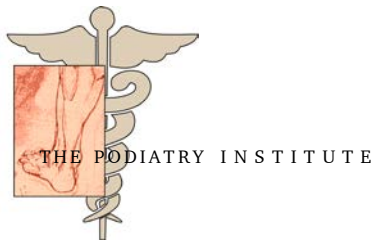
Email \_\_\_\_\_

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

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- ◆ Breakfasts, dinners and breaks 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.
- ◆ **FDA REGULATIONS:** Exhibitors shall comply with all applicable Food and Drug Administration (FDA) regulations including, without limitation, FDA restrictions on the promotion of investigational and preapproved drug and devices and the FDA prohibition on promoting approved drugs and devices for unapproved uses. Any product not FDA approved for a particular use or not commercially available in the USA may be exhibited only if accompanied by easily visible signage indicating the status of the product. Exhibitors shall have available at the booth a letter from the FDA that describes the allowable use of any drug or device exhibited.
- ◆ 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 will 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, February 8 – 1:00 PM - 3:00 PM

<b>Exhibit Hours</b>	Thursday, February 8 3:30 – 9:30 PM	Friday, February 9 7:00 – 9:30 AM 3:30 – 9:30 PM	Saturday, February 10 7:00 – 9:30 AM 3:30 – 7:30 PM
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**Exhibitor Move-out** Saturday, February 10 – 7:30 PM - 9:30 PM

**Conference Hotel** Park City Marriott  
1895 Sidewinder Drive  
Park City, UT 84060  
800-234-9003  
Podiatry Institute Rate: \$251 single/double  
*Please make your reservation NOW! Hotel fills up quickly!*  
*Cut-off date: 01-17-2018*

### Shipping Information

Forward Materials to:  
Attn: Dan Vickers  
Park City Marriott  
1895 Sidewinder Drive  
Park City, UT 84060  
435-649-2900

### For Further Information

Dan Vickers, CAE  
Executive Director  
The Podiatry Institute  
2675 North Decatur Road, Suite 309  
Decatur, GA 30033  
770-939-0393  
888-833-5682