

Pacific Coast Podiatry Conference

# Exhibit Space Application

August 15 – 18, 2019

Embassy Suites Downtown  
Portland, Oregon

*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. \$1500 if application received after August 5, 2019.

### 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 \_\_\_\_\_

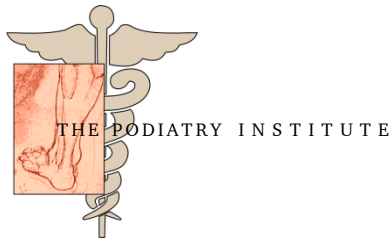
Email \_\_\_\_\_

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

Electricity Required?  Yes  No

For more information contact: Dan Vickers, CAE ♦ Executive Director ♦ 770-939-0393

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



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## Exhibitor Prospectus

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- ◆ **CANCELLATION POLICY:** All cancellation/rescheduling requests must be made in writing. Cancellation requests can be sent via fax to 404-508-8539 or email to [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com). Cancellations requiring a refund will be assessed a \$250 cancellation fee. Transfer requests are not subject to a cancellation fee and will be valid for a period of one year from the date of issue. Registration fees are non-refundable/non-transferrable within two weeks of the conference start date.
- ◆ **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. \$1500 if application received after August 5, 2019.  
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, August 15 – 11:00 AM - 12:00 PM

**Exhibit Hours**

Thursday, August 15	Friday, August 16	Saturday, August 17
1:00 PM – 7:00 PM	7:30 AM – 5:00 PM	7:30 AM – 11:00 AM

Sunday, August 18  
optional

**Exhibitor Move-out** Saturday, August 17 – After AM Break

**Conference Hotel** Embassy Suites Portland Downtown  
319 SW Pine Street  
Portland, OR 97204-2726  
503-279-9000  
Podiatry Institute Rate: \$269 Single/Double  
*Please make your reservation NOW! Cut-off date is 7/15/19*

**Shipping Information**  
Embassy Suites Portland Downtown  
Attn: Dan Vickers  
319 SW Pine Street  
Portland, OR 97204-2726  
503-279-9000

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