

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

# Exhibit Space Application

February 4-6, 2021  
Sheraton Park City  
Park City, Utah

## THIS FORM MUST ACCOMPANY YOUR PAYMENT

To confirm your reservation submit this form to Karen Daniel at [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com) or fax to 404-508-8539.  
*Registration received less than 2 weeks prior to meeting will not be included in conference materials.*

**Exhibitor Fee (Table Top, No Sharing)** = \$1350 by check or credit card. Full payment must accompany this completed form.  
\$1500 if application received after January 21, 2021 or onsite.

### 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: Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Send email to [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com) names/emails of any additional representatives

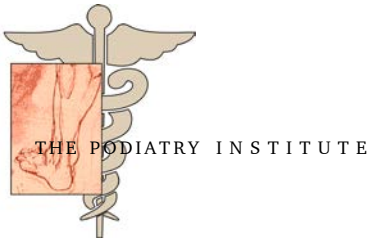
Company Contact \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

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

Electricity Required?  Yes  No

For more sponsorship information contact: Dan Vickers at The Podiatry Institute ♦ 770-939-0393  
[dvickers@mindspring.com](mailto:dvickers@mindspring.com)



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# Exhibitor Prospectus

February 4-6, 2021

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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:** 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** = \$1350 by check or credit card – Includes 6' draped table, two chairs and electricity if needed. \$1500 if application received after 01-21-21 or onsite. 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 4 – 1:00 PM - 3:00 PM

<b>Exhibit Hours</b>	Thursday, February 4	Friday, February 5	Saturday, February 6
	3:00 – 9:30 PM	7:00 – 9:30 AM	7:00 – 9:30 AM
		3:30 – 9:30 PM	3:00 – 7:00 PM

**Exhibitor Move-out** Saturday, February 6 – 4:00 PM – 7:00 PM

**Conference Hotel** Sheraton Park City  
1895 Sidewinder Drive  
Park City, UT 84060  
800-234-9003  
Podiatry Institute Rate: \$288 single/double  
*Please make your reservation NOW! Hotel fills up quickly!*  
*Cut-off date: 01-04-2021*

## Shipping Information

Forward Materials to:  
Attn: Dan Vickers  
Sheraton Park City  
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