

EXHIBITOR APPLICATION

page 1 of 1

IFSO 2021

COMPLETE ONE APPLICATION PER INDIVIDUAL BOOTH SPACE REQUESTED. Refer to Exhibitor Prospectus for Cancellation Policy.

19-23 October, 2021 | Fontainebleau, Miami, Florida

Company Name (to be listed on materials):

Primary Contact Name*:

Title:

Mailing Address:

City:

State, Postal Code:

Telephone Number:

Fax Number:

Email Address:

**The person who is listed here will receive all information and receipt for payment of fees.*

Exhibit Space: Minimum booth size is 10' x 10' (100 square feet). All sizes are in 10' increments

☐ Inline Booth: \$54.00 per sq. ft.

☐ Corner Booth: \$58.00 per sq. ft.

☐ Island Booth: \$58.00 per sq. ft.

☐ Nonprofit Booth: \$12.00 per sq. ft. (must provide 501(c) form)

Request Booth Size _____ x _____ ft. x \$ _____ /sq ft. = \$ _____ total

Exhibitor Dates And Hours:

Install:	Tuesday, October 19, 2021	8:00AM - 5:00PM
	Wednesday, October 20, 2021	8:00AM - 2:00PM

On-Site Registration opens:	Monday, October 18, 2021	12:00 - 5:00PM
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Open Show Days:	Wednesday, October 20, 2021	3:00 - 8:00PM
	Thursday, October 21, 2021	8:30AM - 3:00PM
	Friday, October 22, 2021	8:30AM - 3:00PM

Dismantle:	Friday, October 22, 2021	3:00 - 8:00PM
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In accordance with the policies of the Accreditation Council for Continuing Medical Education (ACCME) and the display policy of IFSO, by providing funds for this CME activity through a Display/Exhibit Fee or Sponsorship Fee, the undersigned Company agrees to the following conditions:

1. All Exhibitors must be in a room or area separate from the educational activity and the exhibits must not interfere or in any way compete with the learning experience.
2. Any payments made to MeetingAdvice for IFSO are fees for services, and are not to be paid as educational grant support; and do not exceed the fair market value of the services provided; and are not inconsistent with any internal policy of the Company governing interactions with healthcare professionals.
3. Company shall have no control over: Identification of CME needs; Determination of educational objectives; Selection and presentation of content; Selection of all persons and organizations that will be in a position to control the content of the CME; Selection of educational methods; Evaluation of the activity.
4. By submitting this form, Company agrees to all rules and regulations contained in the IFSO 2021 Exhibitor Prospectus.

Name of Authorized Company Representative:

Date:

Signature:

Title:

Payment Method (select one):

Credit card payments are accepted for up to \$10,000. Checks or wire transfers are preferred for any amounts over \$10,000.

☐ Check: Make payable to MeetingAdvice (Tax Identification Number: 38-4077616) & mail to IFSO 2021 c/o MeetingAdvice, 6001 Broken Sound Parkway NW, Suite 340 Boca Raton, FL 33487

☐ Credit Card: Type of Credit Card:

Card Number:

Name of Cardholder:

Expiration Date:

CWV Code*:

Return Form To: Gudrun Echterhoff

Via email: IFSO2021@MeetingAdvice.com

04/29/2021

*3 digit code on the back of a Visa or MasterCard. 4 digits on the front of an American Express card.