



## EXHIBITOR'S PROSPECTUS FOR OKPMA SCIENTIFIC SEMINAR

**PROFILE:** The Oklahoma Podiatric Medical Association (OKPMA) will hold a scientific seminar on October 29-30, 2010, at the Sheraton Oklahoma City Hotel. Approximately 100 podiatric physicians will be in attendance. They are primarily located in Oklahoma, Arkansas, Kansas, and Texas.

**LOCATION:** The Sheraton Oklahoma City Hotel  
One North Broadway, Oklahoma City, OK 73102

**RESERVATIONS:** Rooms may be reserved by contacting The Sheraton Oklahoma City Hotel, (405) 235-2780 or (800) 325-3535. Please mention that you are a part of the OKPMA group. To receive the group rate, you must make your reservation by October 7, 2010.

**EXHIBITS:** Single booths are available in 8'x10' or 7'x7' sizes. The fee includes drapes, one overhead sign, one electrical outlet, one six-foot table, two chairs, and wastebasket. Exhibiting companies will be listed in the seminar program.

**MEALS:** Breakfast and break refreshments are served in the exhibit hall. **All exhibitors are invited to attend the podiatric physicians' luncheon Friday and the reception on Friday evening, which will be held in the exhibit hall.**

**SHIPPING:** The hotel has limited storage space for exhibitor materials. We recommend that larger items be shipped to Midwest Decorating.

Contact Midwest Decorating at 918-584-0988 prior to shipping any materials. Materials must be clearly labeled with the following information:

(Exhibiting Company Name)  
Hold for OKPMA Scientific Seminar  
Midwest Decorating Company, Inc.  
1510 S. Memorial Drive  
Tulsa, OK 74112

Return shipping after the scientific seminar is the sole responsibility of the vendor. Return packages should be taken to the bell stand in the hotel lobby.

**APPLICATION:** This prospectus includes an application for exhibitors. All applicants for exhibit space will be required to complete the formal application form

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EXHIBITOR'S INITIALS

405.286.2800-PHONE  
405.478.4819-FAX  
WWW.OKPMA.ORG

provided by the OKPMA. The association reserves the right to decline any application at its sole and absolute discretion.

**EXHIBIT HOURS:** The exhibit hall will be available for setup at approximately 8:00 p.m. on Thursday, October 28, or as soon as the decorators have finished constructing the booths. *Security personnel will be on duty from 7:00 p.m. October 29 to 7:00 a.m. October 30 only.*

The exhibit hall will be open to vendors at 6:30 a.m. on Friday. Exhibit booths are open to podiatric physicians from 7:30 a.m. to 6:00 p.m. on October 29, and 7:30 a.m. to 1:00 p.m. on October 30. Booths must be cleared within one hour of the scientific seminar's conclusion on Saturday.

**PAYMENT:** A non-refundable payment of \$200 must accompany the application. The balance is due on September 24, 2010. **Exhibit space will not be reserved until payment is received.** The fees for booths are as follows:

Booth Size	Price if paid in full by September 24, 2010	Price if paid in full after September 24, 2010
Single - 7'x7'	\$600	\$700
Single - 8'x10'	\$650	\$750
Double - 7'x7'	\$1000	\$1100
Double - 8'x10'	\$1100	\$1200

**SUBLETTING:** No exhibitor shall assign, sublet or apportion the whole or any part of the exhibitor's allocated space.

**RESTRICTIONS:** The OKPMA reserves the right to regulate an exhibitor's use of items or devices if they, as determined by the sole and absolute discretion of the OKPMA, disrupt the scientific seminar or other exhibitors. Exhibitors agree to follow any rules or restrictions placed on the use of said items or devices. Failing to comply with these rules and/or restrictions shall result in the exhibitor's immediate expulsion from the scientific seminar and hotel premises.

**LIABILITY:** The exhibitor agrees to indemnify, defend, and hold harmless the OKPMA, its agents, independent contractors, and employees from any and all losses, damages, or claims incurred or defended by the OKPMA as a result of the exhibitor's actions or lack thereof during the OKPMA Scientific Seminar including, but not limited to, court costs and attorneys fees.

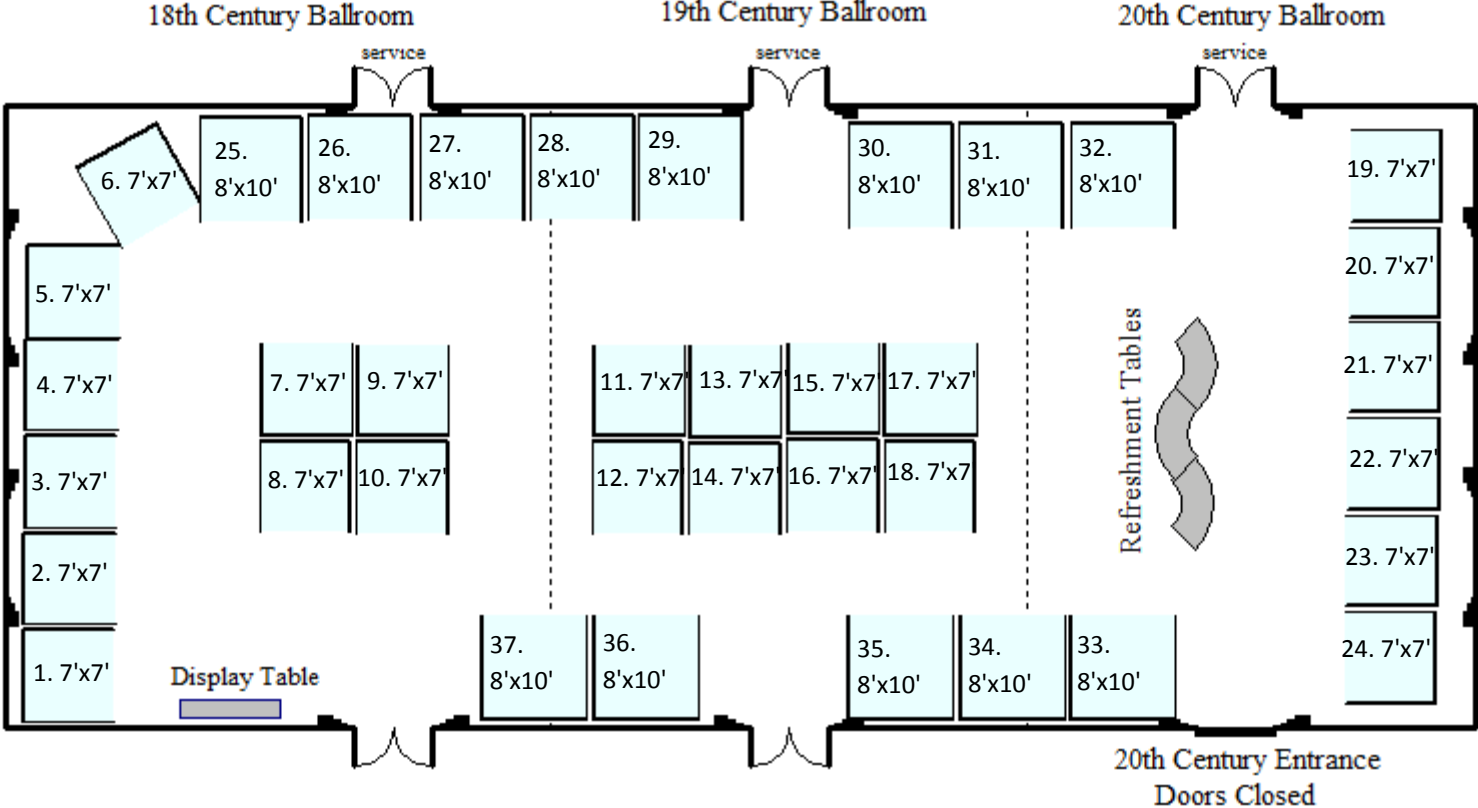
**QUESTIONS:** Questions may be directed to 405-286-2800 or *assistant@okpma.org*.

**\*An initialed copy of this Exhibitor's Prospectus must be returned with the signed application.\***

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# Oklahoma Podiatric Medical Association Fall 2010 Meeting Century Ballroom



NOTE: In blocking 18th Century service door, we will be covering the EXIT sign as a safety precaution.

## EXHIBITOR APPLICATION FOR OKPMA SCIENTIFIC SEMINAR

We hereby authorize the OKLAHOMA PODIATRIC MEDICAL ASSOCIATION (OKPMA) to reserve booth(s) for our exhibit. By our signature, we agree to pay \$200 deposit for booth(s) and the remaining balance on or before September 24, 2010. We further agree to abide by the specifications, rules, restrictions, and regulations as set forth in the Exhibitor's Prospectus for OKPMA Scientific Seminar, which is incorporated by reference, all conditions under which exhibit space is leased by the OKPMA, and all rules and/or restrictions promulgated by the OKPMA during the OKPMA Scientific Seminar.

We understand that this is an application for exhibit space and is not a contract until officially accepted by the OKPMA. Exhibitor will receive acceptance via email within ten (10) business days of receipt of payment and application. We agree that upon receipt of electronic confirmation of this application, this application shall immediately become an enforceable contract.

We understand that if we cancel our reservation before September 24, 2010, a cancellation fee of \$200 will be assessed. We also understand that no exhibitor refunds of any kind will be made after September 24, 2010.

**PLEASE PRINT CLEARLY**

Company Name: \_\_\_\_\_

Attending Representative(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Our four booth choices are: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_  
(The OKPMA will assign the best available booth if choices are unavailable or no choices are listed.)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name/Title

Exhibitor agrees that by returning this completed application electronically, the entry of the authorized representative's name & title and company name shall constitute an electronic signature.

**Include initialed prospectus, deposit by check, and signed application and mail to the OKPMA at 3233 E. Memorial Road, Suite 103, Edmond, OK 73013.**

-OKPMA Office Use-			
Date Rec'd _____	Payment _____	Booth No. _____	Confirmation _____