

Industry Exhibitor Information



December 5-6, 2020

Exhibit space is one customizable virtual booth space. Contact the Office of Continuing Medical Education (OCME) for information. See **Guidelines** and **Exhibit Fee**.

EXHIBIT FEE: \$750
\$750 each space. # of spaces: _____
Total: _____

EXHIBIT HOURS:
Saturday 12/05 8:00 am – 4:00 pm
Sunday 12/06 7:30 am – 1:15 pm

GUIDELINES

1. The Exhibit Agreement must be on file with OCME at least 7 business days before the activity is scheduled, unless other arrangements have been made with OCME. Space is provided on a first-come, first-served basis.
2. The Exhibit Fee must be paid before the exhibitor is allowed to set up, unless other arrangements have been made in writing with OCME in advance. Fees are non-refundable.
3. OCME reserves the right to refuse exhibits, curtail activities, or close exhibits that do not comply with Baylor College of Medicine and/or the Accreditation for Council for Continuing Medical Education policies.
4. OCME will invoice company/organization for additional charges, if any, for specified requirements.

COMPANY/ORGANIZATION INFORMATION (to be completed by Exhibitor)

Entity Name	
Address	
City/State/Zip	E-mail
Phone	Fax

Return completed agreement with check (if applicable) to:

Texas Heart Institute
Office of Continuing Medical Education
ATTN: Stephanie Jackson
6770 Bertner Avenue, MC 3-276
Houston, TX 77030

If paying by credit card, please return completed form with credit card information by e-mail or fax to (832) 355-9799.

INQUIRIES:

Stephanie Jackson
Phone: (832) 355-9491
E-mail: sjackson@texasheart.org
Copy to: susan.ressler@bcm.edu

EXHIBITOR AGREEMENT

Products/Services
Requirements

PAYMENT METHOD

Credit Card

Visa® MasterCard® Discover® AMEX®

Check

Make check payable to "Texas Heart Institute (Tax ID #74-6053200) and reference "Lung Conf 2020" on the check.

AGREED

I verify that I am authorized to enter into this Agreement on behalf of the company/organization, and that I have complied with applicable company/organization policies. I agree to comply with the guidelines set forth in this Agreement. I understand that OCME will invoice the company/organization for additional charges, if any, for specified requirements.

Name/Title	
Signature	Date