

April 13-16, 2009

APPLICATION & CONTRACT FOR EXHIBIT SPACE

Complete and send this application with your payment to:
MaryTherese Gallagher, Meeting Manager
Pennsylvania Chapter, American College of Emergency Physicians (PaACEP)
 777 East Park Drive
 PO Box 8820
 Harrisburg, PA 17105
 Fax: 717-558-7841

To be printed in the On-site Program:

Company Name _____

Address _____

City, State, ZIP _____

Telephone _____ Fax _____

Email _____

Organizations not desired in close proximity*

**Every effort will be made to avoid the companies listed; however, no guarantee can be made.*

Names of attending company representatives*

**If you have a change in the representatives attending, please notify the PaACEP office.*

- My company would like to purchase exhibit space only/\$800
- My company would like to purchase a sponsorship package
 - Diamond Sponsor/ \$8,000*
 - Platinum Sponsor/ \$5,000*
 - Gold Sponsor/ \$2,500*

In addition to or instead of exhibit space, we would like to purchase the following:

- Educational Workshop/ \$500 each* *Meeting Attendee Bags / \$1,000* *Meeting Supply Toolkit/ \$400*
- Coffee Breaks*
 - Day 1, \$1,000*
 - Day 2, \$800*
 - Day 3, \$550*
 - 3 Days, \$2,250 (excl)*
- Continental Breakfast*
 - Day 1, \$1,000*
 - Day 2, \$800*
 - Day 3, \$550*
 - 3 Days, \$2,250 (excl)*
- Welcome Wine & Cheese reception/ \$500*
- My company will participate in the drawing by providing a prize (Prizes are to be delivered to PaACEP on-site)*

Payment:

- Check for \$ _____ is enclosed (payable to PaACEP)

Please charge \$ _____ to: VISA MasterCard American Express

Card# _____

Expiration Date _____ Billing Zip Code _____

Name as it appears on card _____

Signature _____

Include the amounts indicated above with your deposit check.

Confirmation and further details of these activities will be included in your space confirmation letter.

If your company contact information differs from that to be printed in the On-Site publication, please specify below:

Company Name _____

Address _____

City, State, ZIP _____

Telephone _____ Fax _____

Email _____

Agreement

A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms, and conditions in the Prospectus, and any other issued by PaACEP regarding the *2008 Scientific Assembly*; willingness to abide by the payment policy; acknowledgment of having read the rules and regulations; and agreement that the rules and regulations are an integral and binding part of this contract.

Signature _____

Date _____

Name (please print) _____

Title _____