

2010 MIDWEST PODIATRY CONFERENCE

March 11 - 14, 2010

HYATT REGENCY CHICAGO

EXHIBIT SPACE APPLICATION FORM

Instructions

- Please complete all of the fields on this form. Submit the form with a **non-refundable** deposit of \$500 **per booth** to reserve your space. Telephone reservations will *not* be accepted.
- The booth reservation becomes valid when it is approved and accepted by the Midwest Podiatry Conference. Once approved a confirmation of your booth location and balance due will be emailed.

Exhibitor Information

Company Name _____

Contact Name: _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Indicate up to two categories that best describe your products and/or services.

<input type="checkbox"/> Ambulatory Devices	<input type="checkbox"/> Implants & Surgical Devices	<input type="checkbox"/> Publications
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Instruments	<input type="checkbox"/> Schools and Associations
<input type="checkbox"/> Billing: Software or Services	<input type="checkbox"/> Laboratory & Diagnostic Services	<input type="checkbox"/> Shoes and Hosiery
<input type="checkbox"/> Business Services	<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Skin Care
<input type="checkbox"/> Chairs and other Podiatric Equipment	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Treatment/Therapy Modalities
<input type="checkbox"/> Computer Software	<input type="checkbox"/> Orthotics and Corrective Devices	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Equipment - Diagnostic	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Other:

Booth Information

- Number of exhibit spaces requested One Two Other (please specify) _____

- Please indicate six choices of booths in the event that your preferences may already be assigned.

After May 31st, please review availability of booths on www.midwestpodconf.org before making selections.

1st choice 2nd choice 3rd choice 4th choice 5th choice 6th choice

- List any companies which you would prefer not to be placed next to. Requests will be honored if feasible.

I agree to abide by all Rules and Regulations governing the Conference, which are incorporated by reference and made part of this Exhibit Space Application ("Application"). Acceptance of this Application by the Midwest Podiatry Conference constitutes a contract.

Payment Information

Amount to be paid with this application \$ _____

Check (Payable to Midwest Podiatry Conference) Check Number _____

Am Ex MasterCard Visa Discover

Card Number _____ Expiration Date _____ Security Code: _____

Name of Cardholder _____

Signature of Cardholder _____

The Midwest Podiatry Conference - Attn: Exhibits Coordinator

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