

# Exhibitor Application

Fax Copies Accepted (702) 434-7110

## Information:

Company Name for booth sign

Representative in charge of booth

Telephone and Fax Number

Address

City, State, Zip

Other personal that will be manning booth

## Embassy Suites 4315 Swenson St., Las Vegas Exhibitor Installation and Hours:

**Exhibitor Check in** ~Thursday, April 29, 2010  
9-10 am

**Exhibitor Set-up** ~ Thursday, April 29, 2010  
9 am to 10 am

**Exhibit Times** ~ Thursday, April 29, 2010  
10 am to 4 pm

**Exhibit Removal** ~ Thursday, April 29, 2010  
4 pm to 5 pm

**ALL exhibit material must be removed by exhibitors on Thursday!!!**  
**Accessed removal fees will be passed to the Exhibitor.**

I would like to provide the following support:

Booth Only      \$ \_\_\_\_\_      Other Support \_\_\_\_\_

## Conditions of Contract:

**We agree to pay the full balance of \$850.00 for each space requested by April 15, 2010, but are aware we can reserve an exhibit booth prior to payment. We understand that failure to remit these fees and the completed exhibitor application will result in cancellation of our exhibit assignment. We also agree to abide by the terms and conditions of this event. We are aware that this is a CME event and that ALL commercial products must be kept in the exhibit hall at all times, but we are welcome to visit the lectures without commercial identifiers. Cancellation must be submitted in writing prior to April 15, 2010.**

Signature \_\_\_\_\_

The Following information is provided to complete your paper work

Event Name: Nevada Osteopathic Medical Association Annual Convention and Primary Care Update  
CME/Event Sponsor: Nevada Osteopathic Medical Association      Conference Location: Embassy Suites  
PO Box 90601 Henderson, NV 89009-0601 (702) 434-7112 fax (702) 434-7110      4315 Swenson St., Las Vegas, NV 89119  
Date: April 28-May 2, 2010 Exhibits Dates: Thursday, April 30, 2010      Program Chair: Sharon Gustowski, DO  
Credits: 30 hours Category 1-A      Course Director: Denise Selleck Davis, CAE, Exec Dir  
Attendance: 150 Osteopathic Physicians.      Tax ID #: 88-0176033

## Liability

The exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and hold The Embassy Suites and the Nevada Osteopathic Medical Association and their employees and agents harmless against all claims or fines and attorney fees arising out of or caused by exhibitors' installations, thereof, excluding any such liability caused by the sole negligence of The Embassy Suites or the Nevada Osteopathic Medical Associations. In addition, the exhibitor acknowledges that The Embassy Suites and the Nevada Osteopathic Medical Association do not maintain insurance covering the exhibitor's property and that is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

**EXHIBITS MUST BE  
MANNED DURING ALL  
EXHIBIT HOURS!!!!**