

EXHIBITOR AGREEMENT
2012 PMDA Annual Conference October 26, 2012 Hershey Lodge J 5049-13-Z
 Return to: bbixler1@hmc.psu.edu FAX: 717-531-5604 or mail to address at bottom

Company Name:

Contact Name:

Title:

Address:

City, State, Zip:

Phone: ()

Email:

Rep(s) attending (for nametags):

Exhibitor Levels:

<input type="checkbox"/> Platinum Level	\$1800.00	\$ _____
includes one (1) 8' display table in a prime spot, two (2) representatives plus special recognition on signage and conference materials		
<input type="checkbox"/> Gold	\$1300.00	\$ _____
includes one (1) 6' display table, one (1) representative plus recognition on signage and conference materials		

I need the following:

QTY

<input type="checkbox"/> Electric connection(s) @ \$25.00		\$ _____
<input type="checkbox"/> Additional Representative(s) @ \$50.00		\$ _____

TOTAL \$ _____

Deadlines & Cancellation Policies

- A signed Exhibitor Agreement is due by September 26, 2012. It may be faxed or mailed to the address above. Exhibitors are considered confirmed when the executed Agreement is received by Penn State Continuing Education.
- Should an exhibitor need to cancel out of an event, please contact Penn State Continuing Education by the close of business October 8, 2012 via fax or email. Cancellations by this date are subject to a \$50.00 administrative fee. No refund after this date. No-shows and early departures will receive no refund.
- Payment is due in full by October 8, 2012.

Exhibitors at Penn State educational events are expected to abide by the ACCME's Standards for Commercial Support. Product advertisements or promotional materials are prohibited in the CME meeting, and representatives of commercial interests are not allowed to engage in sales activities in the meeting room.

I agree to the above request and I have read, understand and agree to the above policies.

Please make checks payable to: "Penn State" Tax ID #246000376 and mail to address below.

Payment, as applicable, in the amount of \$ _____ enclosed will follow charge card

___ Visa ___ MasterCard ___ AmEx # _____ Exp Date: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____