

45th Annual Goldfarb Foundation Clinical Conference Exhibitor Application

15

Valley Forge Casino Resort • King of Prussia, PA • Exhibit Dates: November 10 & 11, 2017

Official Company Name and Representative to Receive All Mailings:

Exhibit Booth Fees

| | | |
|----------------|---------------------|-------|
| Early Bird Fee | Until May 31 | \$850 |
| Regular Fee | June 1–August 31 | \$900 |
| Late Fee | September 1 & After | \$950 |

COMPANY NAME (NOTE: THIS NAME WILL BE USED ON MEETING SIGNAGE AND PRINTED MATERIALS.)

COMPANY CONTACT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

I am an authorized representative of the Company with full power to sign and deliver this application. The Company listed agrees to comply with all instructions, rules, and regulations appearing in this prospectus and agrees to promptly submit all information requested by the Goldfarb Foundation. By submitting a signed copy of this contract, we hereby apply for exhibit space for the 45th Annual Goldfarb Foundation Clinical Conference, November 10 & 11, 2017.

SIGNATURE

Company Type (Check only 1/Primary)

- | | |
|---|---|
| <input type="radio"/> Diagnostic Equipment | <input type="radio"/> Software (Billing/EMR) |
| <input type="radio"/> Footwear/Hosiery | <input type="radio"/> Surgical Instruments |
| <input type="radio"/> Insurance/Management Services | <input type="radio"/> Surgical Products (Implants, Dressings, etc.) |
| <input type="radio"/> Lasers | <input type="radio"/> Other (specify): _____ |
| <input type="radio"/> Orthotics | |
| <input type="radio"/> Pathology Services | |
| <input type="radio"/> Pharmaceutical | |
| <input type="radio"/> Podiatry Supplies/Equipment | |
| <input type="radio"/> Publications | |
| <input type="radio"/> Skin/Wound Care | |

Booth Selection

The Foundation reserves the right to assign the next-best substitute space when the requested space is not available and to reassign exhibit space as necessary.

Booth Choices: Total number of booths requested _____

1st CHOICE Booth number(s) _____

2nd CHOICE Booth number(s) _____

3rd CHOICE Booth number(s) _____

List up to two exhibitors you do not want to be located in proximity to. Specific names of companies must be listed. The Foundation will not assume responsibility for locating competing companies of like products in proximity.

1. _____

2. _____

Program Book & Exhibit Hall Information

Website to be listed in meeting program _____

Phone Number to be listed in meeting program _____

Product and/or Service Listing

- We have submitted with this application a typed, 35-words or fewer description that will be printed in the meeting program.
- I will email the description to lara@ppma.org or SUBMIT ONLINE at <http://tinyurl.com/GCCexhibitor> by Sept. 8, 2017.
- Please use our 2016 description in the meeting program (descriptions exceeding 35 words will be edited by the Foundation).

Payment

- Full Payment of \$_____
- Deposit of \$500 – Minimum due. Failure to submit balance on or before September 8, 2017, will be cause for cancellation of exhibit space.
- DO NOT Charge the balance to my card on September 8, 2017.

COMPANIES REGISTERING AFTER SEPTEMBER 8, MUST SEND COMPLETED APPLICATION ALONG WITH FULL PAYMENT AND COMPANY DESCRIPTION.

Enclosed is Check No. _____ in the amount of \$_____, made payable to Goldfarb Foundation.

Credit Card:

__MC __VISA __AMEX __DISCOVER

CREDIT CARD NUMBER

EXP. DATE

SIGNATURE

PLEASE NOTE: Booth space is considered confirmed when your application and payment have been accepted, processed, and you receive a confirmation email.

Mail or Fax completed form to:

Goldfarb Foundation

Attn: Lara Beer-Caulfield

757 Poplar Church Rd., Camp Hill, PA 17011

Fax: 717-761-4091; Ph: 800-841-3668, x214

E-mail: lara@ppma.org

Goldfarb Tax I.D. # 25 - 1753563