

EXHIBITOR APPLICATION FORM
AOCD New Trends in Dermatology Meeting & Expo
Spring Orlando, FL March 10-13 2022

To ensure exhibit space, complete this application and mail to PO Box 7525, Kirksville, MO 63501 or fax to 660-627-2623. Deadline for receipt of exhibit fee is **Friday, February 11, 2022**. Space is assigned as a “first come first served” basis. **Exhibitors are prohibited in scheduling outside events during AOCD Meeting events.**

ONLINE REGISTRATION IS ALSO AVAILABLE [HERE](#)

Exhibit Fee: \$3,000.00

Gratis	Diamond, Platinum Corporate Sponsors
\$500.00	Gold Corporate Sponsors
\$750.00	Silver Corporate Sponsors
\$1,000.00	Bronze Corporate Sponsor
\$1,500.00	Pearl Corporate Sponsor

Company Name _____

Company Contact Email _____

_____ Entire Conference \$3,000.00

_____ **I will require electricity, internet, telephone, etc. (additional fees may apply)**

_____ I have enclosed a check.

_____ Please bill my credit card for the amount \$ _____

Please contact jwise@aocd.org for a credit card payment form

Cancellation and Refund Policy:

Full refunds (less \$100 processing fee) are available if requested in writing at least one month prior to the date of the program. The AOCD is not responsible for “acts of god” such as inclement weather, delays in airline travel or governmental restrictions on travel due to national emergencies. Refunds will not be made if participants are delayed or unable to attend because of these issues.

On Site Security: The AOCD is not responsible for any loss or damage to exhibitor property.

Vendors should be sure to pack their own tape, shipping labels, box cutters, and any tools needed for assembly of exhibit display. The AOCD staff does not supply this.

Badges:

Badges are not be mailed prior to the conference. Exhibitor badges will be available for pickup during registration hours and will be held under the company name. Exhibitors are encouraged to wear their own company-supplied name badges.

Exhibitor Representatives Attending (additional reps, please contact AOCD)

Name _____ Email _____

Name _____ Email _____

If you are unsure at this time of the representatives who will be attending this meeting, forward their name(s) at your earliest convenience so that appropriate information can be sent to them. Please make checks payable to: AOCD, PO Box 7525, Kirksville, MO 63501.

AOCD New Trends in Dermatology Meeting & Expo Sponsorship Registration

Date of Activity _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Contact Person _____ Email Address _____

On-Site Contact _____ Email Address _____

___ Daily Breakfast in the Exhibit Hall	\$5,000 per breakfast
___ Beverage Break Stations	\$3,000 per break
___ Photo Booth at evening reception	\$3000
___ Water Bottles	\$5000
___ Coffee Sleeves & Beverage Napkins	\$2,000
___ Attendee Conference Tote Bag	\$6,000
___ T-Shirts	\$7,000
___ Registration Portfolios	\$3,000
___ Lanyards and Badge Supplies	\$5000
___ Bag Inserts	\$3000 (must be received by September 1 at the AOCD office.)

Total Amount Enclosed \$ _____ Payment Information: Check Enclosed ___

Bill my credit card for the amount \$ _____ Please contact jwise@aocd.org for a credit card authorization form.

Please return form by fax at 660-627-2623, by email to: jwise@aocd.org or by mail to:

AOCD
PO Box 7525
Kirksville, MO 63501

CONDITIONS

Ancillary Promotional Activities: no promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.

The Company agrees to abide by all requirements of the AOA Guidelines for Relationships between Accredited Sponsors and Company of CME as well as all requirements of the ***ACCME Standards for Commercial Support***.

The **American Osteopathic College of Dermatology** agrees to:

- 1) abide by the ACCME and AOA Guidelines for Relationships between Accredited Sponsors and Company of CME;
- 2) acknowledge support from the Company in program brochures, syllabi, and other program materials, and
- 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

Company Representative (print name)

Email

Company Representative Title

Signature

Date

AOCD: **Marsha A. Wise**
Executive Director

mwise@aocd.org

Email

Signature

Date