University of Florida College of

**Conference**

Date | Location| City

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| **Exhibitor Information** |
| Company: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Contact Person: |  |
| Telephone: |  | Fax: |  |
| Representatives Attending: | Name: |  | Email: |  |
| (include name, and email) | Name: |  | Email: |  |
|  | Name: |  | Email: |  |
|  |
| **Fees** |
| Please check the box with your level of participation:[ ]  $ XXX Entire Program[ ]  $ XXX Day/MonthEach exhibit space includes: * One 6 foot table
* Electrical services [ ]  Yes [ ]  No
* Maximum of 2 representatives per table
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| **Payment Information** |
| Please check the box with your choice of payment:[ ]  Payment made online (Website) [ ]  Payment enclosed[ ]  Check mailed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checks should be made payable to: **University of Florida** (tax ID # 59-6002052)
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By signing below, exhibitors agree to hold the University of Florida harmless from and against any and all claims and damages arising out of exhibitors’ negligence or willful misconduct as a result of exhibitors exhibiting at the Conference date, in city, Florida. Exhibitors also agree to abide by policies and regulations of the venue, the hotel

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