



2009 Virginia Podiatric Medical Association Annual Meeting & Scientific Seminar

June 24 – 27, 2010

Virginia Beach Resort
and Conference Center

EXHIBITOR CONTRACT

- ❖ **Exhibit Booth Fees: \$850.00 by May 15, 2010**
\$950.00 after May 15, 2010
 - ♦ Includes 2 complimentary representatives, each additional representative \$100.00
 - ♦ (53) 6 x 7 booths available. Sponsors receive priority booth assignments. All other exhibitors will be assigned on a first come basis.

- ❖ **Payment Information:**
 - ♦ Checks should be made payable to VPMA. (Federal Tax ID #: 54-6041722)
 - ♦ Forms/Payment must be received by May 15, 2010 or \$100.00 late fee will be applied
 - ♦ Complete application and mail or fax forms to:
VPMA 2309 Edenbridge Court, Richmond, VA 23233 Fax: (804) 643-0311

- ❖ **Exhibitor Set Up:**
 - ♦ Thursday, June 24, 2010 from 3:00 pm – 6:00 pm

- ❖ **Exhibit Hours:**
 - ♦ Friday, June 25th: 7:30 am – 3:30 pm
 - ♦ Saturday, June 26th: 7:30 am – Noon

- ❖ **Exhibitor Breakdown:**
 - ♦ Saturday, June 26th: Noon

- ❖ **Hotel Information:**
 - ♦ Virginia Beach Resort and Conference Center
2800 Shore Drive
Virginia Beach, VA 23451
PH: (800) 468-2722
 - ♦ VPMA Rate: \$170/night Oceanview Suites. (Must mention VPMA to receive discounted rates.)
 - ♦ Cut-off Date: May 25, 2010 (or until sold out)

- ❖ **Cancellation Policy:**
 - ♦ Cancellations prior to May 15, 2010 will be refunded registration and/or sponsorship fees minus a \$50.00 processing fee.
 - ♦ **Cancellations made after May 15, 2010 WILL NOT receive a refund.**



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EXHIBITOR REGISTRATION

Registration/Fees Deadline: May 15, 2010 for early rate

Exhibitor Fees:

Exhibitor fee: **\$850.00** by **May 15, 2010**; **\$950.00** after **May 15th** \$ _____
(includes 2 complimentary representatives)

Additional representatives: # _____ x \$100.00 each \$ _____

Internet: \$60.00 \$ _____

Electric: Yes _____ No _____

TOTAL AMOUNT DUE: \$ _____

Company Information (As It Should Appear In Printed Materials):

Company Name: _____

Product/Service Company Provides: _____

Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Website: _____ Email: _____

Names of Representative(s) Attending:

Name: _____ Name: _____

Name: _____ Name: _____

Administrative Contact:

Name: _____ Tel: _____

Fax: _____ Email: _____

Companies you prefer NOT to be next to _____

For questions, please contact Dr. Gary Effron, at (804) 690-8576

Checks Payable to: VPMA (Tax ID#: 54-6041722)

**Mail to: 2309 Edenbridge Court
Richmond, VA 23233
Fax: (804) 643-0311**