



Exhibitor Contract and Registration
2011 Oregon Cardiovascular Symposium
Doubletree Lloyd Center | Portland, Oregon | June 4-5, 2011

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please reserve \_\_\_ booth(s) for my company at \$1500 per booth (One company/product line per booth. special pricing on adjoining booth space for multiple booths available) Exhibit Fee includes: One (1) Exhibit Space 7' x 8', One (1) 6' draped table and 2 chairs, Two (2) full symposium registrations per booth

Symposium Representatives:

1. \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

A maximum of 2 company representatives may be registered for each booth space reserved. If you have additional representatives who wish to attend all or part of the Symposium—please contact alan@cardiologyinoregon.org for registration pricing.

Please indicate any company you do not wish to be adjacent to \_\_\_\_\_

In submitting this application, We/I agree to abide by all the requirements and obligations as mentioned under "Terms and Conditions" in the Exhibitor/Sponsor Prospectus which is a part of this application. You are hereby authorized to reserve space for our company in the exhibit area as indicated on this application for the Oregon Cardiovascular Symposium.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Terms and Conditions

- 1. The Oregon Chapter of the American College of Cardiology (OR-ACC) reserves the right to refuse exhibit privileges to any company. Exhibitors are requested not to hold receptions that conflict with any educational or social events sponsored by OR-ACC.
2. All exhibit spaces must be prepaid in full.
3. Each party involved in the Symposium agrees to be responsible for any claims arising out of its own negligence or that of its employees or agents. Each party agrees to be responsible for its own property through insurance or self-insurance and shall hold harmless each of the other parties for any and all damage caused by injury, theft, loss or damage and those perils normally covered by fire and extended coverage policies.

Payment

- Credit card (Visa, Mastercard, American Express) Name on card: \_\_\_\_\_
Card number: \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ Code \_\_\_\_\_
Check enclosed
Please send me an Invoice

Questions?

Please contact Alan Morasch, Oregon ACC Chapter Administrator at 503-345-9294 or alan@cardiologyinoregon.org

Return registration and payment to: Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238 or fax 360-256-5597