INTENT TO EXHIBIT

47th Annual Primary Care Review
Sentinel Hotel – Portland, Oregon
Exhibit Day: Wednesday, February 10, 2016
Exhibit fee: $1,000.00

Please complete this form and return it as soon as possible in order to reserve your table. ***Without this form, a table will not be reserved on your behalf.***

Company Name: _____

Contact Person: _____ Phone: _____

Address: _____

_____

E-mail Address: _____

Will you need an electrical outlet for your display? ____Yes ____No

Reservations: This form must be returned in order to reserve your table. You will receive a confirmation letter, guaranteeing your exhibit space when payment is received; should exhibit space become limited, confirmations will be issued in the order payment arrives. Refunds can be issued only when a written request is received at least 14 days prior to the conference.

Payment Information: Please make check for **$1,000** payable to OHSU-CME and sent to the address listed at the bottom of this form (tax i.d. number **93-117-6109**). You may also pay by credit card in the space below.

General Information: You will receive a 6 foot exhibit table, with two chairs and, if noted above, electricity to your table. If your display requires more space than the 6 ft. table, please contact the CME office at 503 494-4899. Allocation of exhibit space will be determined by the Division of CME. Should conditions warrant, the Division reserves the right to cancel this program or exhibit with full refund of the exhibit fee.

ACCME Requirements for Commercial Support of CME: The School of Medicine of the Oregon Health & Science University, as the accredited sponsor of this continuing medical education program, has sole responsibility for the educational content, format and speakers. All informational materials, displays or social events will be reviewed and approved by OHSU. All elements of this educational event will comply with the Standards for Commercial Support of Continuing Medical Education of the Accreditation Council for continuing Medical Education.

To pay by VISA or Mastercard, please fill in all the information requested here:

Name on card _____ Daytime Phone _____

Card Number _____Expiration Date _____

Security Code _____

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