The Kentucky Osteopathic Medical Association (KOMA) is proud to offer you an opportunity to exhibit your company’s pharmaceuticals, services, products, or equipment at KOMA’s 2017 Annual Conference at the Lexington Embassy Suites on June 9-11, 2017. Please register by May 9, 2017, to secure your tabletop exhibit space!

The program will provide required continuing medical education (CME) credits for osteopathic physicians and other medical professionals through educational didactic lectures, workshops, and scientific exhibitions. Your participation is a vital part of the Annual Conference. Please come and join us this year!

Benefits of Exhibiting
As an exhibitor, you will have the opportunity to meet one-on-one with approximately 70 physicians in an informal environment away from the time constraints and interruptions of a busy practice. Refreshment breaks will be held in the exhibit area during the open exhibit hours throughout Friday. This is intentionally planned to maximize exposure opportunities for exhibitors. Attendees may also spend time in the Exhibit area during sessions, so staffing during off-times is necessary.

Exhibit Rates & Commercial Sponsorship Packages

Exhibitor Table $500
• Tabletop exhibit space includes a 6-foot table, draping and two chairs. Exhibit rental does not include Security guard services; drayage and placement of display equipment; decoration and related expenses; labor; receipt of shipped storage material, lighting, electrical power, gas, water, or phone line charges. Any expenses incurred shall be the responsibility of the individual making the request. All requests for any of the above should be made in advance with the hotel directly. (Hotel contact information will be provided by KOMA.)
• Listed in the KOMA Annual Convention Program

Bronze Level Sponsor $1,000
• 6-foot skirted table in exhibit area
• Listing in the KOMA Annual Convention Program
• Final mailing list of all registered attendees.

Silver Level Sponsor $1,500
• 6-foot skirted table in exhibit area
• Listing in the KOMA Annual Convention Program
• Final mailing list of all registered attendees.
  In addition:
• 1 Full conference registration
• Pre-marketing email blast to attendees
• ½ page ad in our conference program

Gold Level Sponsor $3,000
• 6 Foot skirted table in exhibit area
• Final mailing list of all registered attendees.
• One pre-marketing email blast to attendees
  In addition:
• Logo on cover of the KOMA Annual Convention Program
• ½ page ad in our conference program
• Logo with link on the conference website
• 2 Full conference registrations
• 1 Post-conference email blast to attendees

Platinum Level Sponsor $5,000
• 6 Foot skirted table in exhibit area
• Final mailing list of all registered attendees.
• One pre-marketing email blast to attendees
• Logo on cover of KOMA Annual Convention Program
• Logo with link on the conference website
• 1 Post-conference email blast to attendees
  In addition:
• 3 Full Conference Registrations
• Full page ad in our conference program
• Opportunity to deliver 15 minute presentation on-site*

* A 15-minute platform to introduce your company or organization on-site to the KOMA audience. This opportunity would be arranged as an informational presentation sponsored by said company that is separate from all CME-structured presentations. Included at this level, KOMA would provide a separate meeting room near the General Session room, LCD projector, screen, microphone, and advertisement of the company’s scheduled presentation time that will be located in the on-site program.

To become an exhibitor or sponsor, please contact Suzie Frederick at 208-890-6327 or Cheryl Douthitt at 210-273-1663 to help facilitate arrangements. The Exhibitor Registration Form and payment must be in by May 9th.

If you have further questions concerning conference exhibiting please call Jane Shepard at +1-608-441-1060, ext. 137 or email her at: jshepard@reesgroupinc.com.

Exhibit Schedule

Friday, June 9, 2017
Setup: 6:00am to 7:00am
Exhibit Hours: 7:00am through 5:00pm

Saturday, June 10, 2017
Exhibit Hours: 7:00am through 5:00pm

Sunday, June 11, 2017
Exhibit Hours: 7:00am through 11:30am
Tear down: 11:30am to 1:30pm
Annual Conference Exhibit Rules and Regulations

Installation of Tabletop Exhibits
Friday, June 9: 6:00 a.m. - 7:00 a.m.

The annual exposition is scheduled to open at 7:00 a.m. on Friday, June 9, 2017. We ask that your tabletop exhibit area be set by 7:00 a.m. so that the exhibit space can be cleaned prior to the exhibit area opening. It is the responsibility of exhibitors to have their tabletop exhibit in place before the opening of the exposition.

Dismantling of Tabletop Exhibits
Sunday, June 11: 11:30 a.m. - 1:30 p.m.

All tabletop exhibits must be dismantled and removed by 1:30 p.m. No packing of equipment, literature, or dismantling of exhibits will be permitted until the official closing time. (Violators will not be invited to future meetings.)

Care of Exhibit Space
Exhibitors shall care for and keep in good order all space occupied. Special cleaning and dusting of tabletop display equipment and material will be the exhibitor’s responsibility and shall be performed at the exhibitor’s expense.

Exhibit Assignments
Tabletop exhibit spaces will be assigned in early May. Companies will be notified of their assignment. Exhibit management reserves the right to change location assignments at any time as deemed necessary. The exhibitor will be informed of any such change immediately and given the option to cancel with a full refund if the reassigned space is not acceptable.

Exhibit Registration
Each person working in the exhibit area is required to preregister and wear an identification badge. Exhibitor identification badges must be picked up at the KOMA exhibitor registration counter prior to setting up your booth.

KOMA allows up to two complimentary conference registrations per company for multiple representatives to be present in the exhibit table or to share shifts during the exhibit hours. (Additional representatives may attend for a fee of $50 per person.) Representatives are welcome to attend the sessions as long as their booth is staffed by at least one representative during open exhibit hours. However, an exhibitor registration does not receive the same benefits of a regular attendee. Each exhibiting company will receive one set of conference materials per exhibit table rented upon arriving in Lexington.

Cancellation
Cancellation of exhibit space must be submitted in writing to the KOMA Office. From the time of contract submission until May 9, 2017, the deposit fee of $250 will be forfeited for canceling. After May 9, 2017, there will be no refund for cancellation of exhibit space.

Traffic
The exhibit area is located near the meeting room used for the general session. Special breaks in the morning and afternoon will be scheduled in the exhibit area to facilitate maximum traffic flow.

Payment Schedule
A $250 nonrefundable deposit is requested with a completed exhibit application. The final balance for the tabletop booth space is due by May 9, 2017.

Conference Hotel Information
Embassy Suites
1801 Newtown Pike
Lexington, KY 40511
Telephone: +1-859-455-5000

Make your hotel reservations now by calling the Embassy Suites directly, and please identify yourself as an attendee of the KOMA conference.

You can also make online reservations. Click on the direct reservation page located on the KOMA website. When reserving hotel accommodations, it is recommended by the hotel to provide a major credit card, not a debit card, to guarantee your reservations.

Room rates are $139.95, plus applicable state and local taxes.

All reservations must be secured by Tuesday, May 16, 2017, to receive the special group rate. After May 16, rooms will be based on availability.

Questions?
Contact KOMA at:
Web: www.koma.org
Email: jshepard@reesgroupinc.com
Phone: +1-608-441-1060, ext. 137
Fax: +1-608-443-2474
Mail: 2424 American Lane, Madison, WI 53704

Hotel Contact:
Embassy Suites
Telephone: +1-859-455-5000

For more information about activities in Lexington contact:
Phone: +1-800-845-3959
Website: http://www.visitlex.com
Exhibit Information:

Company Name: 
Company Website: 
Major products/services to be exhibited: 

Contact Information:

Send confirmation to:
Prefix: Dr. Mr. Ms. First Name: ________________________________ Middle Initial: __________ Last Name: ________________________________ Job Title: ________________________________
Company/Affiliation: ________________________________
Mailing Address: ________________________________
City: ________________________________ State: ________________________________ Zip: ________________________________
Phone: ________________________________ Fax: ________________________________ Email: ________________________________

Exhibit Details:

Name, address, and phone of representatives attending (Limit 2 representatives per booth fee. Additional registrations are $50 per person):

1. _________________________________________________________________________________________________________________________________
2. _________________________________________________________________________________________________________________________________

Additional Registration: ________________________________________________________________________________________________________________
Additional Registration: ________________________________________________________________________________________________________________
List competitors you do NOT wish to be near: __________________________________________________________________________________________________

Payment Information:

Exhibitor Space(s) ______ @ $_________ each =  $___________
Number of Additional Attendee(s): ______ @ $50 each =  $___________
Commercial Sponsor Level Support: ______ @ $_________ each =  $___________
Presentation Day Preference for Platinum Sponsors:
  _ Friday  _ Saturday  _ Sunday  _ No Preference
Total Exhibit Fee: $___________
Amount Enclosed  (_ Deposit Only  _ Total Payment): $___________

Check one of the following options and enclose payment. Forms not accompanied by proper fees will be returned.

  _ Check (Payable to KOMA)
  _ Credit Card  (_ Visa  _ Mastercard)

Credit Card Number: ________________________________ Expiration Date: ________________________________
Cardholder’s Name: ________________________________ Cardholder’s Signature: ________________________________

Agreement

We desire to exhibit at the KOMA Annual Conference to be held at the Embassy Suites on June 9-11, 2017. We have submitted our order for exhibit space. We agree to abide by the rules and regulations of the conference as set forth. We further agree to accept a change in booth location should it become necessary for causes beyond the control of the chairperson, or advisable in the best judgment of the chairperson. We understand if we must cancel from the time of contract submission until May 9, 2017, the deposit fee of $250 will be forfeited for canceling. After May 9, 2017, there will be no refund for cancellation of booth space.

Signature: ________________________________ Date: ________________________________

Tabletop Exhibit Booth(s) 
Companies & NonProfits $500
A $250 nonrefundable deposit is requested with a completed exhibit application. The final balance for the booth space is due by May 9, 2017.

Level of Commercial Support:
Platinum Level Support: $5,000
Gold Level Support: $3,000
Silver Level Support: $1,500
Bronze Level Support: $1,000

To become an exhibitor or sponsor, please contact Suzie Frederick at 208-890-6327 or Cheryl Douthitt at 210-273-1663 to facilitate arrangements. The Exhibitor Registration Form and payment must be in by May 9th.

If paying by check, please send to:
Kentucky Osteopathic Medical Association,
Attn: Jane Shepard, 2424 American Lane, Madison, WI 53704
Web: www.koma.org  Email: jshepard@reesgroupinc.com
Phone: 608-441-1060, ext. 136  Fax: 608-443-2474