



Alabama Osteopathic Medical Association
5th Annual Science & Management
CME Conference at Ross Bridge-Birmingham
Invitation to Exhibit
February 21-24, 2019

Michael Patton, DO
President

James Nabers, DO
Program Chair

To Whom It May Concern:

On behalf of the Alabama Osteopathic Medical Association, I am requesting a display fee in the amount of \$750.00 for our 2019 Science & Management Conference. The Alabama Osteopathic Medical Association is a non-profit organization comprised of osteopathic physicians, residents and students in Alabama. It is a divisional society of the American Osteopathic Association and the purpose of ALOMA is to promote public health while also promoting the art, science and philosophy of osteopathic medicine.

We provide continuing medical education for osteopathic physicians. We expect our fourth year at Ross Bridge-Birmingham to be another great success with an anticipated 75 in attendance. Checks should be payable to The Alabama Osteopathic Medical Association. **Our Tax ID number is 63-1023035.**

We would appreciate if you would consider exhibiting at our program. If you have any questions, please contact Jamie at (205) 570-5576 or jamie@aloma.org.

Sincerely,

James Nabers, DO

James Nabers, DO
Program Chair

Alabama Osteopathic Medical Association
Exhibit Registration
5th Annual Science & Management CME
Conference at Ross Bridge-Birmingham
February 21-24, 2019

OUR COMPANY WANTS TO RESERVE EXHIBIT SPACE (S).

\$750 EXHIBIT FEE ENCLOSED TO FOLLOW ASAP

Acceptable forms of payment: Check or Credit Card. **Check#** _____ **Date:** _____

Credit Card: MC Visa Discover American Express

Card Number: _____ **Expiration Date:** _____

OUR COMPANY WOULD LIKE TO PROVIDE AN ADDITIONAL UNRESTRICTED EDUCATIONAL GRANT.

THE AMOUNT OF OUR **ADDITIONAL UNRESTRICTED EDUCATIONAL GRANT** IS \$

All funds contributed for this CME program must be paid directly through the Alabama Osteopathic Medical Association.

Our ADDITIONAL SPONSORSHIP for the Science & Management Conference will be:

Continental Breakfast Beverage Break Reception Luncheon

USB Drives Student/Postgraduate Scholarship

ALOMA Membership Meeting Luncheon Other _____

Register Online at www.aloma.org

Company: _____

Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Make Checks Payable To: Alabama Osteopathic Medical Association

ALOMA Tax ID: 63-1023035

Complete and return this form with payment to: Alabama Osteopathic Medical
Association PO Box 51928 Knoxville, TN 37950

Email: jamie@aloma.org

Website: www.aloma.org (online registration available)

Phone: (205) 570-5576 Fax: (205) 206-7664 (credit card registration only)

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Exhibitors Registration Form

Company Name:

District Manager	Regional Manager
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Will you be attending?	Will you be attending?

Company representatives attending conference	
Friday:	Friday:
Saturday:	Saturday:
Sunday:	Sunday:

Important: Please check all that applies.

- Our exhibit requires electricity.

- Our exhibit has a large (floor) standing backdrop _____ feet high by _____ feet wide. I realize booth relocation may apply if in conflict with other exhibits.

- We will provide the following door prize at the conference: _____

In accordance with the American Disabilities Act of 1990, the Alabama Osteopathic Medical Association will make all reasonable efforts to accommodate persons with disabilities at its meetings.

Make Checks Payable To: Alabama Osteopathic Medical Association
ALOMA Tax ID: 63-1023035
 Complete and return this form with payment to: Alabama Osteopathic Medical
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Email: jamie@aloma.org

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only) **Page 2 of 2 to be completed and returned to ALOMA**