



Michael Patton, DO  
President

Alabama Osteopathic Medical Association  
29<sup>th</sup> Annual Emerald Coast Conference  
The Hilton Sandestin Beach & Golf Resort  
July 12-16, 2019

## Invitation to Exhibit

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 \$1,000.00 for our 29<sup>th</sup> Annual Emerald Coast 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. Historically, we have had at least 100 physicians in attendance. Checks should be payable to The Alabama Osteopathic Medical Association. **Our Tax ID number is 63-1023035.**

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

Sincerely,

*James Nabers, DO*

James Nabers, DO  
Program Chair

**Alabama Osteopathic Medical Association**

**Exhibit Registration Form**

29<sup>th</sup> Annual Emerald Coast Conference

July 12-16, 2019

OUR COMPANY WANTS TO RESERVE  EXHIBIT SPACE (\$).

\$1,000 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 29<sup>TH</sup> Annual Emerald Coast Conference will be:**

Continental Breakfast \$4,000    Exhibit Break \$2,000    Reception    Luncheon \$5,500

USB Drives                       Student/Postgraduate Scholarship \$5,000 each scholarship

ALOMA Membership Meeting Luncheon \$5,500                       Other \_\_\_\_\_

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**Register Online at [www.aloma.org](http://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](mailto:jamie@aloma.org)

Website: [www.aloma.org](http://www.aloma.org) (online registration available)

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

**Page 1 of 2 to be completed and returned to ALOMA**

# Exhibitors Registration Form

**Company Name:**

<b>District Manager</b>	<b>Regional Manager</b>
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Will you be attending?	Will you be attending?

<b>Company representatives attending conference</b>	
Saturday:	Saturday:
Sunday:	Sunday:
Monday:	Monday:
Tuesday:	Tuesday:

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

**So that your exhibit will be as successful as possible, here is some important information.**

- The exhibit hours are so that you will have maximum time with attendees and be able to participate in social functions.

Friday, July 12 <sup>th</sup>	Monday, July 15 <sup>th</sup>
Exhibit Check-In/Setup: 5:00pm-8:00pm	Exhibit Hours: 6:30am-2:30pm
	Exhibit Break: 9:00am-9:30am

Saturday, July 13 <sup>th</sup>	Tuesday, July 16 <sup>th</sup>
Exhibit Hours: 6:30am-3:00pm	Exhibit Hours: 6:30am-11:30am
Exhibit Break: 9:00am-9:30am	Exhibit Break: 9:00am-9:30am
Poolside Reception : 7:00pm-10:00pm	

Sunday, July 14 <sup>th</sup>
Exhibit Hours: 6:30am-2:45pm
Exhibit Break: 9:00am-9:30am

- If you need electric service, please indicate so on the attached form.
- We want you to have as much opportunity as possible for contact with attendees:

Doctors will have scheduled exhibit breaks and exhibit hours will allow for doctors to spend time in the exhibit hall throughout the day.

Exhibitors are welcome to attend scheduled receptions.

- If you are able to donate door prizes, please indicate on the attached form. Winners will be announced Tuesday morning.

**Shipping information:**

Hilton Sandestin  
 Hold for (Person/Company) ALOMA Conference  
 4000 Sandestin Blvd. S.  
 Miramar Beach, FL 32550

Please return your response form ASAP. We sincerely appreciate your participation and support. If you have any questions please contact Jamie at (205) 570-5576 or email: [jamie@aloma.org](mailto:jamie@aloma.org).