



Michael Patton, DO
President

Alabama Osteopathic Medical Association
28th Annual Emerald Coast Conference
The Hilton Sandestin Beach & Golf Resort
July 13-17, 2018

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 28th 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.

Sincerely,

James Nabers, DO

James Nabers, DO
Program Chair

Alabama Osteopathic Medical Association

Exhibit Registration Form

28th Annual Emerald Coast Conference

July 13-17, 2018

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 28TH 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 _____

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	
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**

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