



Patrick Boyett, DO
President

Alabama Osteopathic Medical Association
27th Annual Emerald Coast Conference
The Hilton Sandestin Beach & Golf Resort
July 22-26, 2017

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 27th 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

27th Annual Emerald Coast Conference

July 22-26, 2017

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 27TH 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: 2150, Hamilton, AL 35570

Email: jamie@aloma.org

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

Phone: (205) 570-5576 Fax: (205) 921-5595 (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	
Wednesday:	Wednesday:
Thursday:	Thursday:
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 Association PO Box: 2150, Hamilton, AL 35570

Email: jamie@aloma.org

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

Phone: (205) 570-5576 Fax: (205) 921-5595 (credit card registration only)

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

- The hotel reservation phone number is (850)267-9500. We have a room block rate of \$319.00 until June 23rd. Reserve your room as soon as possible to ensure availability.
- The exhibit hours are so that you will have maximum time with attendees and be able to participate in social functions.

Saturday, July 22 nd	Sunday, July 23 rd
Registration: Time TBD	Exhibit Hours: 12:00pm-7:30pm
Poolside Reception: Time TBD	Exhibit Break: 3:00pm-3:30pm

Monday July 24 th	Tuesday, July 25 th
Exhibit Hours: 6:30am-4:00pm	Exhibit Hours: 6:30am-2:30pm
Exhibit Break: 9:00am-9:30am	Exhibit Break: 9:00am-9:30am

Wednesday, July 26 th
Exhibit Hours: 6:30am-11:30am
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 Sunday 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, but no later than July 5, 2017. We sincerely appreciate your participation and support. If you have any questions please contact Jamie at (205) 570-5576 or email: jamie@aloma.org.