Alabama Osteopathic Medical Association 33rd Annual Emerald Coast Conference The Hilton Sandestin Beach & Golf Resort July 26-30, 2023

Invitation to Exhibit

William Lawrence, 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 $1,500.00 for our 33rd 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.

Included with Exhibit Fee

- Six foot table
- 2 chairs
- Wastebasket
- Space for a 6 ft Wide Popup Sign or a Tabletop Display
- Electricity available upon request
- Breakfast and break food is set up in the exhibit hall in order to give maximum exposure.
- Exhibitors are welcome to sit in on lectures and attend our Saturday night poolside reception but of course we ask that no product or talk of product is taken into the lecture hall.

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

33rd Annual Emerald Coast Conference

July 26-30, 2023

OUR COMPANY WANTS TO RESERVE _____ EXHIBIT SPACE (S).

$1,500 EXHIBIT FEE □ ENCLOSED □TO F OLLOW ASAP

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

Credit Card: ☐ MC ☐ Visa ☐ Discover ☐ American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

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 33rd Annual Emerald Coast Conference will be:

□Continental Breakfast $5,000 □Exhibit Break $3,000 □Luncheon $6,000

□Student/Postgraduate Scholarship $5,000 each scholarship

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)

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: 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)

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 (subject to change).

Wednesday, July 26th
Exhibit Check-In/Setup:
5:00pm-7:00pm

Thursday, July 27th
Exhibit Hours: 6:30am - 3:45pm
Exhibit Break: 9:00am-9:30am

Friday, July 28th
Exhibit Hours: 6:30am-12:30pm
Exhibit Break: 9:00am-9:30am

Saturday, July 29th
Exhibit Hours: 6:30am-2:45pm
Exhibit Break: 9:00am-9:30am
Poolside Reception : 7:00pm-9:00pm

Sunday, July 30th
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 Saturday at the reception.

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 .