

TENNESSEE ORTHOPAEDIC SOCIETY

Exhibit Space and Event Application

September 29 – October 1, 2011

Ross Bridge Renaissance – Birmingham, Alabama

Name of Company: _____

Contact Name (person to whom all correspondence will be sent): _____

Mailing Address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____

Representative #1 (for onsite badge): _____

Representative #1 Email address: _____

Representative #2 (for onsite badge): _____

Representative #2 Email address: _____

Product or services to be exhibited: _____

Do you need electrical connection in your booth? _____

List any company you wish to be near

List any company you do not wish to be near

I hereby acknowledge that until accepted by TOS, this Contract shall constitute only an application to Sponsor TOS events, which may be accepted or declined by TOS at its sole discretion. I understand that I will be contacted to confirm acceptance of this contract. I understand that this contract DOES NOT entitle me or my company to use of the TOS logo on any printed, digital, or written communication.

Authorized Signature

Date

FEES: Enclosed/Attached is a check or credit card information in the amount of \$ _____ representing payment in full of the sponsorship opportunities indicated below as outlined in the Business Partner Support Program:

<i>Platinum Level</i>	<i>\$10,000</i>	_____	<i>Welcome Cocktail Reception</i>	<i>\$1,000</i>	_____
<i>Gold Level</i>	<i>\$7,500</i>	_____	<i>Friday Breakfast</i>	<i>\$1,000</i>	_____
<i>Silver Level</i>	<i>\$5,000</i>	_____	<i>Saturday Breakfast</i>	<i>\$1,000</i>	_____
<i>eNewsletter</i>	<i>\$1,500</i>	_____	<i>Friday Break</i>	<i>\$1,000</i>	_____
<i>Website</i>	<i>\$1,500</i>	_____	<i>Saturday Break</i>	<i>\$1,000</i>	_____
<i>Webinar</i>	<i>\$ 500</i>	_____	<i>Friday Lunch Buffet</i>	<i>\$1,500</i>	_____
<i>Exhibit Only</i>	<i>\$1,500</i>	_____	<i>Golf Tournament</i>	<i>\$1,000</i>	_____
			<i>Friday Awards Dinner</i>	<i>\$1,500</i>	_____

Make checks payable to TOS, and submit with application to: TOS, P.O. Box 159035, Nashville, TN 37215

Credit Card payments can be faxed with application to TOS at 615.662.8864

Credit Card Type: ___ MasterCard ___ Visa ___ American Express

Expiration Date: _____ **CSS (Security Code):** _____

Cardholder Name: _____

Card Number: _____

Billing Address: _____

Signature: _____

If you have any questions regarding exhibit space, please contact Melissa at 615-579-6253 or melissaowilson@comcast.net

2011 Tennessee Orthopaedic Society Exhibitor Rules & Regulations

September 29 – October 1, 2011

1. FEES

Application must be submitted with payment IN FULL for space rental charges. This includes an 8' x 8' booth, skirted tabletop, 2 chairs, waste basket, admission to all meals and the special event for representatives as specified in your sponsorship level. The exhibit area is carpeted and electrical service is included in your exhibit fees, but MUST be requested at least ONE WEEK prior to meeting.

2. CANCELLATION OF SPACE CONTRACT

In the event it is necessary for the exhibitor to cancel their space rental agreement, a full refund (less an administrative expense fee of \$100 per booth) will be made for requests IN WRITING no later than August 31, 2011. No refunds will be made on cancellation requests postmarked, faxed or emailed after August 31. Cancellations must be received from the original authorized exhibitor representative.

3. SPACE RENTAL AND ASSIGNMENT OF LOCATION

TOS reserves the right to refuse rental of display to any individual or company whose display of goods or services is not, in its opinion, compatible with the general character and objectives of the conference. TOS will make reasonable efforts to separate exhibitors of like products, but no assurance can be given as to such separation. TOS RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO MAKE THE FINAL DETERMINATION OF ALL SPACE ASSIGNMENTS AND TO CHANGE ASSIGNMENTS AT ANY TIME.

4. EXHIBITOR'S AUTHORIZED REPRESENTATIVE

Each exhibitor **must** name one person to be his/her representative in connection with the firm's exhibit. This representative shall have authority to contract for the company, be responsible for payment of booth rental, and during show times, keeping the booth staffed. **Badge swapping is not allowed.** All booth staff must be registered with the exhibitor and have an official TOS exhibitor badge.

ALL REQUESTS FOR ADDITIONAL EXHIBITOR BADGES MUST BE APPROVED BY THE EXHIBITING COMPANY'S AUTHORIZED REPRESENTATIVE.

5. INSTALLATION AND REMOVAL OF EXHIBITS

Installation is planned for Thursday, September 29 from 6:00 – 8:00 pm. Tear-down is scheduled for Saturday, October 1 at 11:30 am. ANY EXHIBITOR WHO BREAKS DOWN BEFORE 11:30 AM WILL BE ASSESSED A \$150 PER BOOTH CHARGE.

6. LIABILITY

Each exhibitor is entirely responsible for their booth space and has sole responsibility for keeping said space free from any conditions which might be dangerous to persons coming upon the premises. The exhibitor agrees to defend, indemnify and hold harmless TOS, its sponsors, members, officers, representatives or employees affiliates or subcontractors, from any damages or charges resulting from the exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the exhibitor, which arise from or out of the exhibitor's occupancy and use of the exhibition premises, the facilities or any part thereof.

7. INSURANCE

Each exhibitor is responsible for his/her own equipment. In all cases, exhibitors desiring to insure their exhibits and displays against fire, theft, etc. must do so at their own expense.

8. OTHER MATTERS

The rules and regulations incorporated in this agreement have been formulated in the best interest of our exhibitors and attendees. We request your full cooperation in their observance. Any and all matters not specifically covered will be subject to the decision of the TOS Board.