



OHIO
FOOT AND ANKLE MEDICAL
FOUNDATION

2019 EXHIBIT BOOTH REGISTRATION

The 103rd Annual Ohio Foot and Ankle Scientific Seminar

COMPANY INFORMATION

Company Name: _____ Service/Product: _____

Primary Contact Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

_____ Website: _____

Contact Email: _____ Email Address for Post-Show List: _____

Company Contact Information for Exhibitor Directory (name, address, phone, email): _____

Brief description of product(s)/service(s) to be exhibited. Information may appear in marketing materials and handouts.

(25 words maximum): _____

How did you learn about this event? _____

Companies to be close to or far from: _____

SIGN

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS AUTHORIZED TO CONTRACT IN THE NAME OF THE EXHIBITING COMPANY.

Signature: _____ Date: _____

Printed Name & Title: _____

PAYMENT

Premium Booth (10'x8'), location outside of lecture hall - *limit 6:*
Before April 10, 2019: \$2,000 *After* April 10, 2019: \$2,250

Standard Booth (10'x6'), location in Easton Ballroom - Exhibit Hall:
Before April 10, 2019: \$1,000 *After* April 10, 2019: \$1,250

Door Prize Donation for *Friday's Marketplace Luncheon*. List the item to be dropped off at the registration desk during the seminar): _____

Prize Donation for *Thursday's Resident Scientific Paper and Poster Competition* (may be cash prize, gift card or company product). List item to be dropped off at the registration desk during the seminar): _____

Representative 1: _____ Representative 2: _____

Additional Name Tags \$35/each: 1: _____ 2: _____

I will be paying by: Check MasterCard Visa Discover American Express

Card #: _____ Expiration Date: _____ 3 or 4 Digit Security Code: _____

Name on Card: _____ Billing Address: _____

\$ _____ (Booth) + \$ _____ (Additional Name Tags \$35 each —2 exhibitor name tags issued per booth)

+ \$ _____ (Pre-Seminar Registration List \$40 if applicable for non-sponsors/prize donors = Total _____)

By submitting this registration form, company representatives agree to the terms on page 3

MAIL to OFAMF: 1960 Bethel Road, Suite 140, Columbus, OH 43220 or FAX to (614) 457-3375
Questions? Call (614) 457-6269 or email Iridolfo@ohfama.org