



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.~~
SOLD OUT 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