



# Exhibitor Contract

**Tennessee Osteopathic Medical Association**  
**112<sup>th</sup> Annual Osteopathic Medical Convention**  
**& Scientific Seminar**  
**May 19 – 23, 2010**

Please print or type:

**Company Name:** \_\_\_\_\_  
*as it should appear in conference materials*

**Company Representative:** \_\_\_\_\_  
*(individual submitting contract)*

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

Products/Services to be exhibited \_\_\_\_\_  
 List any companies you do not wish to be near \_\_\_\_\_

Two (2) badges are provided with each single exhibit space. Four (4) badges are provided with each double exhibit space. **Additional badges are \$50 each.** Please list the names and contact information for the individuals who will staff your exhibit (attach list of additional names if necessary).

<i>Badge Name</i> _____	<i>Email</i> _____	<i>Phone</i> _____
_____	<i>City, State</i> _____	<i>Zip Code</i> _____
<i>Address:</i> _____	_____	_____
<i>Badge Name</i> _____	<i>Email</i> _____	<i>Phone</i> _____
_____	<i>City, State</i> _____	<i>Zip Code</i> _____
<i>Address:</i> _____	_____	_____

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date*

**PAYMENT OPTIONS**

Check (*made payable to TOMA*)

Visa     MasterCard

*Credit Card Number:* \_\_\_\_\_

*Billing Address:* \_\_\_\_\_

*Expiration Date:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

**TOMA Fed ID #**  
**62-6042944**

Office Use Only: DA \_\_\_\_\_ A \_\_\_\_\_ C \_\_\_\_\_

**EXHIBITOR OPTIONS**

Single Exhibit Space \$1,000  
 Double Exhibit Space \$1,500

**TOTAL AMOUNT:** \_\_\_\_\_

*Please send payment and contract to:*

**TOMA**  
**618 Church Street, Suite 220**  
**Nashville, TN 37219**

For additional information, contact

**Penny Kiel**  
 615/477-0414  
 Fax: 615/254-7047  
[pkiel@xmi-amc.com](mailto:pkiel@xmi-amc.com)