

***Annual Medical Legal Forum***

***Denver Marriott West***

***1717 Denver West Boulevard***

***Golden, Colorado 80401-3144***

***303.279.9100***

***September 25-27, 2018***

***Exhibitor/Vendor Agreement***

**Contract of Agreement for Exhibitor/Vendor Space**

Company, Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-Site Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This signed document indicates that the undersigned, representing the agency listed, requests the reservation of an exhibit space(s), which consists of a 3’ x 8’ table (draped and skirted) in a 10’ X 10’ booth with two chairs.

Please describe any exhibit materials and merchandise that the Exhibitor will place in the assigned space.

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The Exhibitor/Vendor agrees to abide by the move-in and move-out times as specified by the Exhibitor/Vendor Overview.

The Medical Legal Forum, MHRETAC or anyone associated with the MHRETAC is not responsible for damage from accident, theft or other such causes to Exhibitor’s/Vendor’s property. The Exhibitor/Vendor is responsible for carrying any desired insurance at the Exhibitor/Vendor expense.

**Payments**

Payments must be received by **July 15, 2018**. For payment arrangements or questions please contact Shirley Terry at 303.919.0719 or shirleyterry@comcast.net. Checks or credit cards are accepted. **No REFUNDS after August 1, 2018.** Pay online or complete the Annual Medical Legal Forum Credit Card Authorization Form and send to Shirley Terry.

**Electrical Needs**

110—Yes\_\_\_\_\_\_ No\_\_\_\_

Please indicate if you need more than one electrical outlet. Please bring extension cords if you have them.

**Notebook Information**

A conference notebook featuring all Legal Forum Summit Exhibitors/Vendors will be distributed to all Conference participants. To be included in this notebook, this Agreement as well as the **Notebook information must be completed and submitted to Shirley Terry by July 15, 2018.**

Please print or type the following information that will appear in the Exhibitor/ Vendor Notebook that will be distributed to all Conference participants.

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) and title(s) of Representatives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notebook Information-limit to 75 words or less: (You may e-mail this to Shirley)

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Please send your **company logo in word format** via e-mail to Shirley Terry.

**Sponsorship Opportunities**

Please see the Exhibitor/Vendor Overview for sponsorship opportunities. Sponsorships will allow the Annual Medical Legal Forum to provide additional services and a more diverse curriculum to the healthcare community. These sponsorships are invaluable and your participation in this forum is much appreciated.

**Notebook Advertisement**

Full page advertisements are available for $600, ($700 July 16 and after) and will be placed in the Annual Medical Legal Forum Conference participant’s notebooks. Please send via e-mail your companies advertisement for inclusion in the notebooks to Shirley Terry as listed below.

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) and title(s) of Representatives on Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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