EXHIBITOR PROSPECTUS

Florida Chapter ACP
Annual Residents Meeting
March 28-29, 2015

Embassy Suites Orlando Downtown
191 E. Pine Street
Orlando, FL 32801

Florida Chapter ACP
1000 Riverside Ave., Ste #220 ~ Jacksonville, Florida 32204
(904) 355-0800 ~ Fax: (904) 355-0100
FloridaChapterACP@comcast.net
www.acponline.org/chapters/fl

Federal ID # 59-6152179
General Information

Location: The Florida Chapter ACP will hold its 2015 Annual Residents Meeting, March 28-29, 2015 at the Embassy Suites Orlando Downtown.

Hotel Accommodations:
Call the Embassy Suites Orlando Downtown at 407-841-1000 to make your room reservation. Be sure to ask for the special Group room rate of $129.00 per night single or double occupancy. After Friday, March 6th reservations will be accepted on a space available basis and may not be eligible for this rate.

Exhibiting:
Every effort has been made to maximize interaction between exhibitors and meeting attendees. The following schedule lists the times that the exhibits will be open:

Tentative Schedule:
• Saturday, March 28
  8:30 am – 9:30 am Exhibit Setup
  9:00 am – 5:30 pm Attendee Registration
  10:00 am – 4:30 pm General Session
  12:00 pm – 1:00 pm Exhibits open during lunch
  2:30 pm – 3:00 pm Networking Break w/ Exhibitors
  4:30 pm Meeting Adjourns
  5:30 pm – 7:30 pm Formal Poster Judging
  7:30 pm – 9:00 pm Awards Reception
• Sunday, March 29
  8:30 am – Attendee Registration
  9:00 am – 12:00 pm Doctor's Dilemma Competition
  Time TBA AM Breaks (between rounds of competition)
  12:00 pm Meeting Adjourns

Exhibit Space Rental:
Each exhibit will be a table-top display placed around the perimeter of the Exhibit area. If your exhibit includes a pop-up display, please reserve your space at the earliest possible date as there may be space limitations. Electricity will be available only if requested in advance. Space will be assigned according to the order in which paid applications are received.

Cancellations:
Once a formal application has been received; cancellations must be submitted in writing. Cancellation received no later than two weeks prior to the opening day of the meeting will be assessed a $100 cancellation fee. If no notification is provided, the applying company will be responsible for the entire exhibit fee.

Sponsorship Opportunities

Exhibit $750
Includes:
• Table-top display on 6 ft table
• 2 Representatives/Guests
  (Additional reps/guests @ $150 each)
• 2 tickets to lunch on Saturday (RSVP required)

Grants & Sponsorships

Unrestricted Educational Grants

Bronze sponsorship $1,500
Silver Sponsorship $3,000
Gold Sponsorship $5,000
Platinum Sponsorship $7,500

All sponsorships include the following:
• Complimentary Exhibit space
• Complimentary breakfast and breaks
• Tickets to luncheon on Saturday
• Tickets to President’s Awards Reception
• Recognition at Awards Reception
• Acknowledgement in Onsite Program
• Identification on Conference & Exhibit Hall Signage
• Publication acknowledgement
• Seat drop materials in General Session

All sponsorships must be in the form of an unrestricted educational grant to the Florida Chapter ACP.

Shipping of Display:
Packages may be delivered to Embassy Suites Orlando Downtown 2 days prior to meeting. Any questions please contact Paul Tzivani, Director of Events: Direct phone # (407)835-6863.

Please address shipments as follows:
Embassy Suites Downtown Orlando
191 E. Pine St., Orlando, FL 32801
Hold for: (Exhibit Company/ Rep name)
FL Chapter ACP Annual Resident Meeting
March 28-29, 2015
# of boxes (1 of 2, 2 of 2, etc.)
**Rules & Regulations**

Booths will be provided as indicated in this prospectus. Exhibits must be installed so that they do not project beyond the space allotted. No interference with the light or space of other exhibitors will be permitted. Exhibitor is responsible for damaged to property (see "Responsibility Agreement"). No signs or other articles shall be posted, nailed or otherwise attached to any of the pillars, walls, doors, etc., in such manner as to deface or destroy them. No attachments shall be made to the floors by nails, screws or any other device. All space is leased subject to these restrictions.

**Display Requirements and Restrictions** - The Florida Chapter ACP retains the right to deny the exhibition of inappropriate items and products. Please contact the Exhibit Manager with any questions.

**Irregular Canvassing and Distribution of Advertising Matter** –
Solicitation of business or conferences in the interest of business except by exhibiting firms is prohibited. Exhibitors are urged to report to the Exhibit Manager any violations of this rule. Canvassing by exhibitors outside of their booths is also forbidden. Circulars or advertising matter of any description shall not be distributed except from the exhibitor’s booth.

**Exhibits of Electrical and Radiographic Equipment** - Machines and apparatus operated by electricity must be shown as “still” exhibits. Practical demonstrations of x-ray apparatus and accessories or any noisy apparatus of any kind will not be permitted. No objection will be made to the utilization of electricity for illuminating purposes or for operating smaller diagnostic instruments and electrotherapeutic apparatus that do not distract or annoy other exhibitors.

**Subletting of Space** - No subletting of space will be permitted. Each firm represented in the Technical Exhibit must sign the regular Exhibit Application and Agreement. Any person or firm subletting space, as well as the one purchasing space, will be subject to eviction. No refund will be made for space reserved.

**Uncontrolled Eventualities** - The Florida Chapter ACP will take all reasonable precautions against damage or loss by fire, water, storm, theft, strike or any other emergencies of that character but does not guarantee or insure the exhibitor against loss by reason thereof (see “Responsibility Agreement”).

**Exhibition Sales Policy** - Exhibitors may not accept payments in cash or checks or deliver merchandise in the exhibit hall.

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Make payments to

**Florida Chapter ACP, Inc.**
Attn: Dawn Moerings, Executive Director

1000 Riverside Ave., Ste #220 ~ Jacksonville, FL 32204

Office: (904) 355-0800    Fax: (904) 355-0100
FloridaChapterACP@comcast.net

Federal ID # 59-6152179
### 2015 EXHIBITOR ADVANCE REGISTRATION FORM

**Company Name**

**Contact Person**

**Title**

**Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Phone**  | **Fax**  | **Cell Ph**

**E-Mail**

### EXHIBIT INFORMATION

**Exhibit Type:**
- [ ] 6 ft Tabletop
- [ ] Pop-up - enter size _________ (additional fee may apply)

**Type of product to be displayed:**

**Please place my exhibit adjacent to:**

**Please DO NOT place my exhibit adjacent to:**

**Special requests:**

**Does your exhibit require electricity?**
- [ ] Yes
- [ ] No

**# of outlets requested:**

**Type of equipment requiring electricity:**

*Note - we will attempt to honor placement and special requests, but cannot guarantee.*

### REGISTRATION FEES

<table>
<thead>
<tr>
<th>EXHIBIT INFORMATION</th>
<th>AMT DUE</th>
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<tbody>
<tr>
<td>Exhibit Fee (includes breaks &amp; Saturday lunch for 2 representatives)</td>
<td><strong>$750</strong></td>
</tr>
<tr>
<td>Unrestricted Educational Grant (Bronze)</td>
<td><strong>$1,500</strong></td>
</tr>
<tr>
<td>Unrestricted Educational Grant (Silver)</td>
<td><strong>$3,000</strong></td>
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<td><strong>$5,000</strong></td>
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<tr>
<td>Unrestricted Educational Grant (Platinum)</td>
<td><strong>$7,500</strong></td>
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<tr>
<td>Additional Representative and/or guests</td>
<td><strong>#</strong> 150.00 each</td>
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<tr>
<td>Tickets for Award Reception</td>
<td><strong>#</strong> 50.00 each</td>
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**TOTAL DUE**

### PAYMENT METHOD

- [ ] Check # _________ (Make payable to FL Chapter ACP)
- [ ] AMEX
- [ ] MasterCard
- [ ] Visa

**Account #**  | **Exp Date**  | **CVV#**

**Name (print)**  | **Signature (for CC)**

**Address** (include zip)
### Company Name

Please fill out for each representative attending – (make additional copies if needed)

<table>
<thead>
<tr>
<th>REPRESENTATIVE #1:</th>
<th></th>
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<tr>
<td>(included in exhibit fee)</td>
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</tr>
<tr>
<td><strong>Phone</strong></td>
<td><strong>Cell</strong></td>
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<tr>
<td><strong>E-mail</strong></td>
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***Please check the functions you will be present for***

- [ ] Saturday Lunch
- [ ] Sat Evening Awards Reception ($50)
- [ ] Sunday Breakfast

| Guest Name |  |

***Please check the functions your guest will be present for***

- [ ] Saturday Lunch
- [ ] Sat Evening Awards Reception ($50)
- [ ] Sunday Breakfast

<table>
<thead>
<tr>
<th>REPRESENTATIVE #2:</th>
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***Please check the functions your guest will be present for***

- [ ] Saturday Lunch
- [ ] Sat Evening Awards Reception ($50)
- [ ] Sunday Breakfast

| Guest Name |  |

### REPRESENTATIVE #3:

($150)

| **Phone** | **Cell** |
| **E-mail** |  |

***Please check the functions your guest will be present for***

- [ ] Saturday Lunch
- [ ] Sat Evening Awards Reception ($50)
- [ ] Sunday Breakfast

| Guest Name |  |
Responsibility Agreement

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY AND SIGN BELOW.
SPACE CANNOT BE ASSIGNED UNLESS THIS FORM CONTAINS AN AUTHORIZED SIGNATURE.

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Florida Chapter American College of Physicians, The Embassy Suites Downtown Orlando, the affiliates, officers, directors, agents, employees, and partners of each ("Indemnified Parties") harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney’s fees arising out of or caused by Exhibitor’s installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor’s property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2014 Exhibitor Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2015 Annual Residents Meeting. We/I further acknowledge that Florida Chapter ACP reserves the right to reject, at its discretion, any application to exhibit.

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<tr>
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PLEASE RETURN SIGNED AGREEMENT AND COMPLETED REGISTRATION FORM TO:
Florida Chapter ACP
Attn: Dawn Moerings
1000 Riverside Ave., Ste #220
Jacksonville, Florida 32204
floridachapteracp@comcast.net ✦ Fax: (904) 355-0100 ✦ (904) 355-0800 ✦ Federal ID # 59-6152179

*All sponsorships funds MUST be received by the Chapter office prior to the start of the meeting.

ROOM RESERVATIONS
Please make your room reservations directly with the
Embassy Suites Downtown Orlando ~ 191 E. Pine St. Orlando, FL 32801
Reservations: (407) 407-841-1000 or (800) 809-9708

Be sure to request the FLORIDA CHAPTER ACP Internal Medicine Residents Meeting group rate:
$129.00 - single or double occupancy
(includes breakfast cooked to order & complimentary internet in guest suites & meeting space)
Group Rate Cutoff - Friday March 6, 2015
Reservations made after cutoff will be accepted on a space available basis and may not be eligible for this rate.