2019 Exhibitor & Sponsor Prospectus/Registration
September 6-8, 2019
The Westin Fort Lauderdale Beach Resort • Fort Lauderdale

Join Us!
For the 2019 Florida Chapter ACP Annual Scientific Meeting

★ Become one of the dozens of successful exhibitors to sponsor our event!

★ Expand your product’s reach with over 400 Chapter member physicians in attendance!

★ Several pricing options for sponsorship and marketing opportunities!
Why Partner with the Florida Chapter American College of Physicians?

Florida Chapter ACP (FLACP) is Florida’s largest medical specialty organization representing over 7,800 physicians specializing in general and subspecialty Internal Medicine. The mission of the FLACP is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

This exclusive annual event gathers together Doctors of Internal Medicine for three days of educational sessions, knowledge sharing, networking and exhibits. Internists specialize in adult medicine in both general and sub-specialty fields and focus on the prevention, detection and treatment of illnesses in adults. The practices reflected by our attendees range from private practice, multi-specialty practice, chief medical officers, medical directors, chief medical information officers, program directors, clerkship directors, hospitalists and academicians.

This event will provide opportunities to reach the 400+ physicians expected to attend.

Exhibitor Schedule (tentative)

**Friday, September 06**
- 6:45 - 7:30 am  
  Setup
- 7:15 - 8:30 am  
  Registration/Breakfast
- 10:15 - 10:45 am  
  Networking Break w/ Exhibitors
- 12:45 – 2:00 pm  
  Luncheon/Networking Break
- 4:00 – 4:30 pm  
  Networking Break w/ Exhibitors
- 5:30 pm  
  Meeting Adjourns

**Saturday, September 07**
- 7:30 – 8:30 am  
  Registration/Breakfast
- 10:15 – 10:45 am  
  Networking Break w/ Exhibitors
- 1:00 – 2:00 pm  
  Luncheon/Networking Break
- 3:00 pm  
  Networking Break w/ Exhibitors
- 5:30 pm  
  Meeting Adjourns
- 5:30 pm  
  Poster Competition
- 7:30 pm  
  Governor Award Reception

**Sunday, September 08**
- 7:15 – 8:30 am  
  Registration/Breakfast
- 11:00 am  
  Networking Break w/ Exhibitors
- 12:30 pm  
  Meeting Adjourns

Exhibit Location and Host Hotel

**The Westin Fort Lauderdale Beach Resort**
321 North Fort Lauderdale Beach Boulevard
FT Lauderdale, FL 33304
(954) 467-1111
Shipments arrive no earlier than September 5, 2019
Room Rate $119 S/D

**Room rate cut-off** - 8/20/2019
Please make your room reservations by calling (954) 467-1111 to request FL Chapter ACP group rate.

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*FL ACP Chapter Annual Scientific Meeting — Exhibitor Prospectus*

*Florida Chapter ACP — DMoerings@floridachapteracp.org*
The FLACP Annual Scientific Meeting gives you a unique opportunity to collaborate and meet physicians in practice, as well as market your brand and discuss your services. This interactive environment puts you in close proximity to our educational events where physicians can be informed of your services and you can develop rewarding relationships and fruitful business opportunities!

Please note that full payment must be received with your signed application, the payment options are listed on exhibit registration page. The Florida Chapter ACP Tax ID# 59-6152179.

We offer our Basic Exhibit Package that covers the essentials, as well as Bronze, Silver, and Platinum options that are more inclusive. A comprehensive package breakdown is on the following page.

### The Basic Exhibit Package - $1,750

*All exhibitors and sponsors receive these core benefits:*

- Two (2) complimentary conference registrations to attend all functions
- One (1) exhibit table 6 feet long, two (2) chairs, standard electrical hook-up *(electrical must be requested in advance)*
- Company logo in program booklet
- Company logo on signage at registration area recognizing participation
- Final list of attendees (names/cities) at conclusion of conference
- Internet connection available for an additional fee

### The Bronze Level Package - $3,500

*The Bronze Level Upgrade includes these additional benefits:*

- 1/4 Page Advertisement in program booklet
- Exclusive Sponsorship of Networking Break

### The Silver Level Package - $5,000

*The Silver Level Upgrade includes these additional benefits:*

- 1/2 Page Advertisement in program booklet
- Exclusive co-Sponsorship of preferred Breakfast
- Exclusive Sponsorship of Poster Competition

### The Gold Level Package - $7,500

*The Gold Level Upgrade includes these additional benefits:*

- Full Page Advertisement in program booklet
- Exclusive Co-Sponsorship of the Awards Reception
- Exclusive Sponsorship of Poster Competition

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*Full breakdown on following page -->*
The Exhibit Packages

<table>
<thead>
<tr>
<th>List of Additional Opportunities</th>
<th>SPONSORSHIP LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive Co-Sponsorship of Poster Competition</td>
<td>✓</td>
</tr>
<tr>
<td>Exclusive Co-Sponsorship of Networking Break</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>Exclusive Co-Sponsorship of Awards Reception</td>
<td>✓</td>
</tr>
<tr>
<td>Full Page Advertisement onsite</td>
<td>✓</td>
</tr>
<tr>
<td>1/2 Page Advertisement onsite</td>
<td>✓</td>
</tr>
<tr>
<td>1/4 Page Advertisement onsite</td>
<td>✓</td>
</tr>
<tr>
<td>Two complimentary conference registrations to attend all functions</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>One 6 foot exhibit table, two chairs and electrical hook up (outlet must be requested in advance)</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Company logo on signage at registration area recognizing participation</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Company logo onsite program booklet</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Final list of attendees at conclusion of conference</td>
<td>✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

Additional Support and Marketing Opportunities

Maximize your return on investment with additional support and marketing opportunities before and throughout the conference. Companies are invited to contribute to the meeting as supporters.

Please note that, in accordance with ACCME guidelines, exhibit space is separate from educational sessions.

Conference Seat Drop

$595

Your company brochure or marketing flier will be placed on all seats during meal function of your choosing. Sponsor to provide item and ship directly to conference site. Item requires pre-approval.
Join the Dozens Who Have Participated in the Conference Before!

AdvantageINK.com  LeafVertical Inc.
Allergy Easy  JSA Medical Group
Ambry Genetics  Medinteract, LLC
American College of Physicians  Medicus Healthcare Solutions
Asante Communications, LLC  Memorial Healthcare System
Astell Pharma  Merck & Co, Inc.
AstraZeneca Pharmaceuticals LP  Millennium Laboratories
Atlantic Health Partners  Millennium Physician Group
Bank United  Mitchell Capital Group
BioMedix  Mylan, Inc.
CARR Healthcare Realty  Northeast Planning Corp.
ChenMed  Orlando VA Medical Center
Choice One Medical Group, LLC  Oppenheimer & Co, Inc.
CIGNA  Otsuka America Pharmaceuticals, Inc.
Clinical Compound  Pfizer, Inc.
Concierge Choice Physicians  Quest Diagnostics, Inc.
The Center for Advancement of Health IT  Radiology Response
Danna-Gracey  Reckitt Benckiser Pharmaceuticals
deCode Genetics  Rego International/Florida Bracing
Drug Enforcement Administration  Sanoﬁ Diabetes
Elite Imaging  Seqirus
Envision Physician Services  Selmer Scientific/FloChec
Florida Blue  Shire
FL Dept of Health, Bureau of Vital Statistics  Signet Diagnostic Imaging Services
FL Dept. of Health Div. of Medical Quality Assurance  South Beach Orthotics & Prosthetics
Florida Medical Association  South FL Regional Extension Center
Florida Rx Card  Specialists on Call
Genelex, Inc.  Success EHS
Gwinnett Medical Center  TEVA Respiratory
HCA - Hospital Corporation of America  The Doctors Company
Health Care Advisor’s Services, Inc.  Trilogy Home Healthcare
Healthy Partners  Trust Bridge Health
Hospitalists Plus  TS Medical USA
Humana  U S Air Force Medical Recruiting
Invitae  U S Navy Medical Programs Recruiting
JSA Medical Group  USF Center for HIV Education & Research
Western Systems Research
**FLACP Exhibit Policies**

Exhibits are limited to those whose products and services are of interest to physicians in internal medicine & subspecialties.

Full payment is required with your signed application to reserve booth space. Upon receipt of payment, exhibitors will receive information outlining instructions for shipment and any special needs, such as internet access and electricity. *(fees may apply).* You will be centrally located in the registration area, between the general session, and concurrent sessions, which will ensure a good flow of traffic. In addition, the morning breakfast buffet/coffee breaks and afternoon breaks will be held within the exhibit area.

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**Things to Remember:**

Sponsorships require pre-approval by American College of Physicians a separate Letter of Agreement will be provided for interested companies. For more information, please contact Dawn Moerings in the Chapter office at DMoerings@floridachapteracp.org or by calling (904) 355-0800.

**Cancellation Policy**

Once a formal application has been received; cancellations must be submitted in writing, no later than one month prior to the opening day of the meeting. A $200 cancellation fee will be assessed. If no notification is provided, applying company will be responsible for the entire exhibit fee.
# EXHIBITOR ADVANCE REGISTRATION FORM

<table>
<thead>
<tr>
<th>Company Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Phone</td>
<td>Cell Ph</td>
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<tr>
<td>E-Mail</td>
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## EXHIBIT INFORMATION

- **Exhibit Type:**
  - ☐ 6 ft tabletop
  - ☐ pop-up (table display)
  - ☐ Larger pop up (special request/sp ace permitting)

- **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:**

## REGISTRATION FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>AMT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibit Fee (includes 2 Representatives)</td>
<td>$1,750</td>
</tr>
<tr>
<td>Unrestricted Educational Grant (Bronze level)</td>
<td>$3,500</td>
</tr>
<tr>
<td>Unrestricted Educational Grant (Silver level)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Unrestricted Educational Grant (Gold level)</td>
<td>$7,500</td>
</tr>
<tr>
<td>Additional Representative and/or guests</td>
<td># $150</td>
</tr>
</tbody>
</table>

## ADDITIONAL MARKETING OPPORTUNITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>AMT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Seat Drop</td>
<td># $595/day</td>
</tr>
</tbody>
</table>

## PAYMENT METHOD

- ☐ Check # ______ (Make payable to FL Chapter ACP)
- ☐ AMEX
- ☐ MasterCard
- ☐ Visa

<table>
<thead>
<tr>
<th>Account #</th>
<th>Exp Date</th>
<th>CVV#</th>
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<tr>
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<table>
<thead>
<tr>
<th>Cardholder Name (print)</th>
<th>Phone #</th>
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</table>

<table>
<thead>
<tr>
<th>Cardholder Billing Address</th>
<th>(include zip)</th>
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<table>
<thead>
<tr>
<th>Cardholder Signature</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Company Name</td>
</tr>
<tr>
<td>---------------</td>
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</tbody>
</table>

Complete for each representative attending. Please PRINT - this will be used for name badges (print additional copies if more than 4 reps attending)

<table>
<thead>
<tr>
<th>REPRESENTATIVE #1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(included in exhibit fee)</td>
</tr>
<tr>
<td>Phone#</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
</tbody>
</table>

***Please check the functions you will be attending each day

- [ ] Friday Breakfast
- [ ] Friday Breaks
- [ ] Saturday Breakfast
- [ ] Saturday Breaks
- [ ] Sunday Breakfast

<table>
<thead>
<tr>
<th>REPRESENTATIVE #2:</th>
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<tbody>
<tr>
<td>(included in exhibit fee)</td>
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<tr>
<td>Phone#</td>
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<td>E-mail</td>
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</table>

***Please check the functions you will be attending each day

- [ ] Friday Breakfast
- [ ] Friday Breaks
- [ ] Saturday Breakfast
- [ ] Saturday Breaks
- [ ] Sunday Breakfast

<table>
<thead>
<tr>
<th>REPRESENTATIVE #3:</th>
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<tbody>
<tr>
<td>$150</td>
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<tr>
<td>Phone#</td>
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<td>E-mail</td>
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- [ ] Friday Breakfast
- [ ] Friday Breaks
- [ ] Saturday Breakfast
- [ ] Saturday Breaks
- [ ] Sunday Breakfast

<table>
<thead>
<tr>
<th>REPRESENTATIVE #4:</th>
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<tr>
<td>Phone#</td>
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<tr>
<td>E-mail</td>
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</tbody>
</table>

***Please check the functions you will be attending each day

- [ ] Friday Breakfast
- [ ] Friday Breaks
- [ ] Saturday Breakfast
- [ ] Saturday Breaks
- [ ] Sunday Breakfast
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 Westin Fort Lauderdale Beach Resort, FT. Lauderdale, FL, 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, except to the degree of negligence or willful misconduct of the Indemnified Parties.

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 2019 Exhibitor Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2019 Annual Scientific Meeting. We/I further acknowledge that Florida Chapter ACP reserves the right to reject, at its discretion, any application to exhibit.

| Company Name |  |
| Contact Person |  |
| Title |  |
| Authorized Signature |  |
| Address |  |
| City | State | Zip |
| Phone | Fax | Cell Ph |
| E-Mail |  |

PLEASE RETURN SIGNED AGREEMENT AND COMPLETED REGISTRATION FORM TO:
Florida Chapter ACP
Attn: Dawn Moerings
2410 Ormsby Circle West
Jacksonville, Florida 32210
Office: (904) 355-0800 Fax: (904) 584-9599 E-mail: DMoerings@floridachapterACP.org
Federal ID # 59-6152179

All sponsorships MUST be sent to the Chapter office at time of submission for College approval.

ROOM RESERVATIONS
Please make your room reservations directly with the
The Westin Fort Lauderdale Beach Resort – FT. Lauderdale, Florida
Call reservation office at (888) 627-7108
Group Rate - $119.00 (single or double occupancy)
(Room rate cutoff date – August 20, 2019)