

Exhibitor Registration

We invite you to participate in the TIDS 2019 Annual Meeting produced in cooperation by the Texas Infectious Diseases Society and the University of Texas Health Science Center at San Antonio. Don't miss this opportunity to interact with infectious diseases physicians from around the State of Texas. Exhibitor opportunities are limited due to space. We anticipate approximately 75-100 attendees representing Infectious Disease physicians, nurse practitioners, Fellows, and Pharm.Ds in both private and public practices from around the state. We have space for approximately 15 exhibitors at this event which will be assigned on a first come basis. Please contact Celeste Rodriguez at 210-567-4627 as soon as possible to reserve your table. Additional information regarding the Texas ID Society and the annual meeting can be found on our website (www.TexasIDSociety.org).

Friday, June 7, 2019: 2:00 pm – 6:00 pm—Table Top Exhibit

Saturday, June 8, 2019: 7:30 am – 5:00 pm—Table Top Exhibit

Sunday, June 9, 2019: 7:30 am – 12:00 pm—Table Top Exhibit

On all Table Top Exhibits, tear-down will be immediately after scheduled event

Exhibit Description and Cost

There is only one size exhibit space, which includes one 6' draped standard table, two side chairs, and one wastebasket. Exhibitors can use only the sign of the company whose name appears on the face of the exhibit application. No exhibits or advertising will be allowed beyond the perimeters of the exhibit table. Exhibit tables will be located in the lobby area of the hotel conference area, 575 Hyatt Lost Pines Road, Lost Pines, TX 78612. Exhibit space will be assigned in the order they are requested. Sale of products or services at the conference exhibits is prohibited. There will be no uniformed or non-uniformed security provided and the security of exhibits and or exhibit materials is the sole responsibility of the exhibitor. The hotel and TIDS will not be responsible for any losses of any kind and do not maintain insurance covering property brought onto the hotel premises by exhibitors. It is the sole responsibility of the exhibitor to obtain insurance covering such losses if it is desired. The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising from the exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless TIDS, the Hotel, its owner, its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims. Exhibitors will be held responsible for any damage done to the building, equipment, or decorations by them or their employees. Nothing shall be posted, nailed or screwed or otherwise attached to columns, walls, floors or other parts of the building or furniture. Distribution of promotional gummed stickers or labels is strictly prohibited. Anything in connection therewith necessary or proper for the protection of the building, equipment or furniture will be at the expense of the exhibitor. All signs must be submitted to the Texas Infectious Diseases Society for approval prior to their distribution.

All materials, literature, products, etc. sent in advance should be sent to the following address:

Hyatt Regency Lost Pines Resort & Spa
575 Hyatt Lost Pines Road
Lost Pines, TX 78612
Resort On Site Contact: Collin Sculley
Event Coordinator: Celeste Rodriguez

TEXAS INFECTIOUS DISEASES SOCIETY
2019 ANNUAL MEETING
Exhibitor Registration Form

We hereby apply for exhibit space at the Texas Infectious Diseases Annual Meeting, 2019, to be held at the Hyatt Lost Pines Resort in Lost Pines, Texas, June 7-9, 2019. We agree to **pay the fee indicated below for one exhibit table**. We also agree to abide by all the regulations detailed above. We acknowledge that upon approval of the application, we will be invoiced for the amount owing. Additional fees may apply for additional attendees or meals.

Registration Fee \$1,500

* Rate includes registration for 2 Representatives with all meals included

Organizational Contact Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____

Direct Phone: _____ E-Mail: _____ Fax: _____

If someone other than the key contact will be representing your organization at this conference exhibit, please provide his/her names(s), title and contact information below.

Exhibit Representative (If different from above)

Organizational Contact Name: _____

Organization: _____

Street Address: _____

City, State, Zip Code: _____

Direct Phone: _____ E-Mail: _____ Fax: _____ Please

Return this application to:

Celeste Rodriguez
Texas Infectious Diseases Society
UTHSCSA - Medicine/Infectious Diseases
7703 Floyd Curl Drive, MC-7881
San Antonio, TX 78229-3900

Please make checks payable to Texas Infectious Diseases Society, Tax ID: 76-0072585

Signature Date

Signature Date

Name & Title

Name & Title

Organization

Organization

This application will not be processed unless signed.

TEXAS INFECTIOUS DISEASES
SOCIETY 2019 ANNUAL MEETING
Exhibitor Payment Form

Company: _____

Name of Representative(s) attending _____

Representative's Address: _____

City, State, Zip: _____ Email: _____

Business Telephone: _____ Fax: _____

Products, supplies, equipment and/or services to be displayed: _____

As an authorized representative of the company listed above, I understand that:

1. Reasonable security measures will be taken for exhibits, but that The University of Texas Health Science Center at San Antonio and the Texas Infectious Diseases Society accept no responsibility for any exhibit contents, instruments, or equipment.
2. Exhibitors may not assign, sublet or apportion space allotted, or exhibit any goods other than those manufactured or handled by the exhibitor in the regular course of his business.

Signature _____ *Date* _____

If signature is from other than Representative listed above, please provide information below:

Name of Authorized Representative: _____

Representative's Address: _____

City, State, Zip: _____ Email: _____

Business Telephone: _____ Business Fax: _____

Check Enclosed - Payable to "Texas Infectious Disease Society" (Tax ID # 76-0072585)

Please Charge \$ _____ to: VISA MasterCard Discover American Express

Card Number: _____ Cardholder Name: _____ Exp. Date: _____

Signature: _____