

Exhibitor Registration

We invite you to participate in the 2020 Texas Infectious Diseases Society COVID-19 Virtual Symposium 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 time. We anticipate approximately 75- 100 attendees representing Infectious Disease physicians, nurse practitioners, Fellows, and PharmDs in both private and public practices from around the state. We have space for approximately 5 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 space. Additional information regarding the meeting can be found on our website (newanti-infectives.org).

Friday, August 7, 2020: 1:00 pm – 5:30 pm—COVID-19 Virtual Symposium

Exhibit Description and Cost

There is only one type of virtual exhibit space available, which will include two breaks and opportunities to meet participants virtually. Exhibitors can use only the image/logo of the company whose name appears on the face of the exhibit application. No exhibits or advertising will be allowed beyond the perimeter sessions. Exhibit "space" will be assigned in the order they are requested. Sale of products or services during the symposium exhibits is prohibited. We ask Exhibitors to provide any videos or material they would like participants to view or click on - this material will be displayed throughout the breaks. We ask Exhibitors to provide a zoom meeting link for participants to join in a live interaction with the participants through the break. This link will be shared, along with contact info so that participants may be able to contact exhibitor.

We hereby apply for exhibit space at the 2020 Texas Infectious Diseases Society COVID-19 Virtual Symposium, to be held via Zoom on Friday, August 7, 2020. We agree to **pay the fee indicated below for one exhibit space**. 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 \$250

* Rate includes registration for 1 Representative

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 via email to: Rodriguezc18@uthscsa.edu

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.

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

Cardholder Name: _____ Exp. Date: _____

Card Number: _____ Signature: _____