



West Virginia
State Medical
Association

Exhibit/Support Invitation

**2017 Healthcare Summit
West Virginia State Medical Association & West Virginia Medical Foundation
August 25-27, 2017**

The Greenbrier
White Sulphur Springs, WV

On behalf of the over 1,500 members of the West Virginia State Medical Association (WVSMA), we wish to invite you to support and participate in the 2017 Healthcare Summit scheduled for August 25-27 at The Greenbrier.

Joining you will be physician registrants from the WVSMA, medical specialty societies, visiting state society presidents, the American Medical Association leadership, and a number of state and nationally recognized presenters.

Please review the enclosed list of opportunities available to participate and show your support for our state's medical community.

Exhibiting will begin Friday, August 25 at 10:00 a.m. to 4:30 p.m. and continue Saturday, August 26 from 8:00 a.m. to 12:00 p.m. (Times may vary)

For our event supporters and exhibitors, signage indicating your participation will be prominently displayed. We also look forward to acknowledging your contribution during the Summit events.

Supporters and exhibitors are also encouraged to participate in the social receptions. These are great networking opportunities that we hope you will attend.

Please sign and return the enclosed Application and Contract for Exhibit Space/Supporter.

If you have any questions, please feel free to contact WVSMA Director, Operations and Conference Services, Karie Boggs at (304) 925-0342 ext. 12 or karie@wvsma.org. (Federal Tax ID: 55-0307420)

West Virginia State Medical Association & West Virginia Medical Foundation
2017 Healthcare Summit
The Greenbrier, White Sulphur Springs, WV
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Application and Contract for Exhibit Space/Supporter *

Make checks payable to the West Virginia State Medical Association and mail to 4307 MacCorkle Avenue SE Charleston, WV 25304 or fax (304) 925-0345. Please keep a copy for your records.

Company Name: _____

Contact Name: _____ Title _____

Representative(s) Attending Meeting: _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E Mail _____

Please indicate your area(s) of participation. Support opportunity descriptions enclosed.

- | | |
|---|---|
| <input type="checkbox"/> Gold Level Supporter \$3,500 | <input type="checkbox"/> Silver Level Supporter \$2,500 |
| <input type="checkbox"/> Gala Table Supporter \$2,000 | <input type="checkbox"/> Bronze Level Supporter \$1,500 |
| <input type="checkbox"/> Friend of WVSMA Supporter \$1,000 (\$1,250 after 7/1/17) | <input type="checkbox"/> Friend of Medicine Supporter \$500 |

Equipment/Power needed for set up _____
Cost of any special booth equipment will be the responsibility of the vendor.

If support level includes a meal, please indicate if you will need any vegetarian meals, or have a food allergy or dietary restriction (indicate # of people) _____

Please Invoice Enclosed is a check for \$ _____

Credit Card Number _____

____ Visa ____ MasterCard ____ American Express ____ Discover

Expiration Date: _____ Customer Code: _____
(Last three digits found in the signature block on reverse of card.)

ACCEPTANCE AS BINDING CONTRACT FOR EXHIBITOR/SUPPORTER/REGISTRANT

We agree to accept the terms of this agreement including the Registrant/Supporter/Exhibitor Restriction below and the space assigned to us by the WVSMA. We understand that signing the contract binds us to payment for the booth and/or support opportunities indicated. Should there be a cancellation, payment is still due.

Name: _____ Title: _____

Signature: _____ Date: _____

Participants are responsible for arranging their own lodging accommodations. Please contact The Greenbrier directly. Please note that you are required to be a confirmed vendor/supporter of the Summit before you will receive the code for the WVSMA block. Confirmation will be provided by Karie Boggs.

* Registrant/Supporter/Exhibitor Restriction – The WVSMA reserves the right to refuse or restrict any Registrant or Application and Contract for Exhibit Space/Supporter. The WVSMA maintains endorsement agreement(s) and business affiliate arrangements that also may limit in the sole discretion of the WVSMA the promotion of certain products/services. The WVSMA reserves the right to restrict any registrant, exhibitor or supporter from promoting competing products/services. The products/services are as follows: Medical Professional Liability Insurance; Individual/Group Health, Life, Vision, Dental and Disability Insurance; Retirement and Long Term Care Plans; Workers' Compensation and Business Owners Insurance

