

Exhibitor Application

Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Primary Contact: _____

Phone: _____ Email: _____

Conference		Booth Cost	
In the event of conflicts regarding space requests or conditions beyond its control, OMA reserves the right to rearrange the floor plan.		Standard	Premium
Obesity Medicine 2017 in Seattle Exhibit Hall: April 20-21	Booth Preferences	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,050
	1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____		
Overcoming Obesity 2017 in San Antonio Exhibit Hall: Sept. 15-16	1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$2,450
Reserve a booth at both 2017 conferences at the same time and save \$200 on total exhibit rates.		<input type="checkbox"/> \$3,100	<input type="checkbox"/> \$4,300

Please do not put my company's booth next to the following companies (OMA will do its best to honor this request):

Obesity Medicine Basics (\$600 per event)			
<input type="checkbox"/> Jan. 14 (Dallas)	<input type="checkbox"/> Jan. 21 (Los Angeles)	<input type="checkbox"/> Feb. 4 (Atlanta)	<input type="checkbox"/> Feb. 18 (Baltimore)
<input type="checkbox"/> Feb. 25 (Miami)	Receive a \$300 discount on the exhibit rate when you exhibit at all courses in 2017: <input type="checkbox"/> \$2,700		

Payment Information

Payment amount: \$_____ Please charge my credit card: Visa MasterCard AmEx Discover

Card Number: _____ Exp. Date: _____

OR Check enclosed, made payable to "OMA"

By signing below, I have read and agreed to the exhibitor rules and regulations, antitrust guidelines, and terms and conditions available at www.obesitymedicineprospectus.org. I understand that OMA reserves the right to monitor exhibitors and may prohibit exhibitors from presenting products or services that were not initially disclosed in the new exhibitor or sponsor application when submitted to OMA. Upon request, I also agree to provide proof of insurance 60 days prior to each conference.

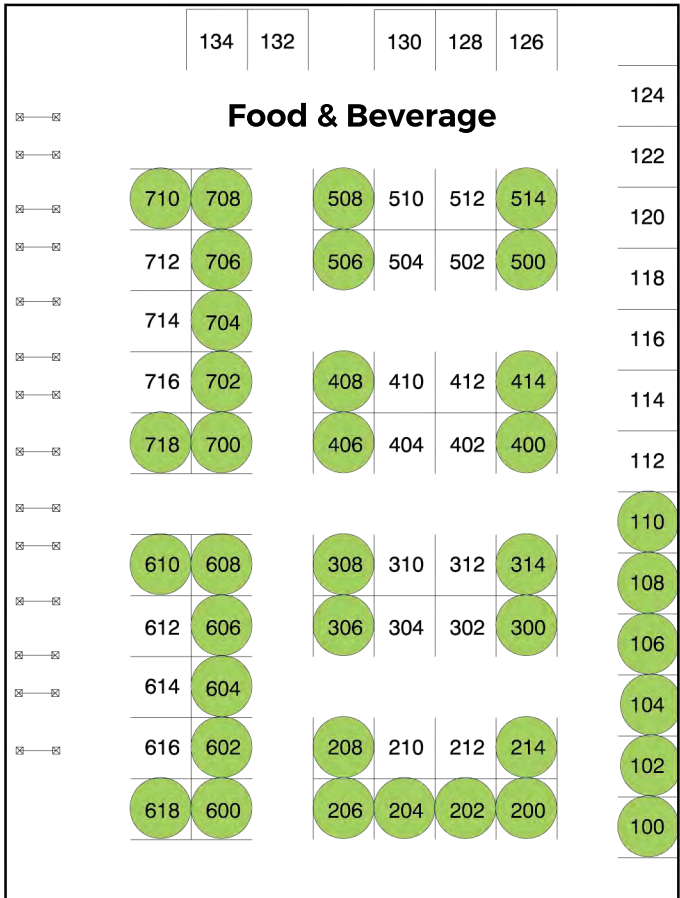
Signature: _____ Date: _____

Fall 2017 Exhibit Hall Floor Plan

Overcoming Obesity 2017

San Antonio

Exhibit Hall: Sept. 15-16



Entrance

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= Premium Booths