

|  |  |
| --- | --- |
| MS_2c_vert+below REV.png | **2024 Exhibitor Registration Form** |

|  |  |
| --- | --- |
| **Company** |  |
| **Street** |  |
| **City, State, Zip** |  |
| **Contact** |  |
| **Email** |  |
| **Phone** |  |
| **Fax** |  |

# Terms

Each exhibitor booth shall consist of a table (72 X 30 inches) and two chairs. Additional equipment (power, etc.) is available through the hotel and/or exhibit space manager. The Department of Otorhinolaryngology reserves to its right to adjust booth assignments.

All exhibit fees must be paid by March 1, 2024. Cancellation of this agreement will be permitted before March 1, 2024 with a processing fee of $75.00.

The Department of Otorhinolaryngology will provide specific instructions about meeting logistics approximately 2 weeks before the meeting.

In the event of the Department of Otorhinolaryngology’s failure to fulfill this agreement due to fire, strikes, authority of law, act of God or any other cause or reason, the Department of Otorhinolaryngology agrees to return to the exhibitor all payments, and thereupon this agreement shall be deemed cancelled by mutual consent, and the Department of Otorhinolaryngology shall be relieved of all responsibility.

Each exhibitor may have up to 2 representatives at the meeting. Requests for additional representatives will be considered on a case-by-case basis by the meeting directors.

The Department of Otorhinolaryngology assumes no responsibility for damage to, loss of, or theft of property for the exhibitors, or the exhibitors’ agents, employees or invitees. Exhibitor agrees to be responsible for his/her own property. Exhibitor shall release and hold harmless the Department of Otorhinolaryngology from any all claims, obligations, liabilities, causes of action, lawsuits, damages and assessments, including legal fees that result from an allegation of negligence on the part of the exhibitor or the Department of Otorhinolaryngology in the use of the exhibit space or activities in connection with the use of the exhibit space.

The agreement shall be governed by laws of the State of Texas.

# Exhibitor Fees

 Platinum ($12,500)  Exhibitor ($2,500)

* Gold ($10,000)  Additional Support (Specify: $ )
* Silver ($7,500)
* Bronze ($5,000)

# Company Representatives

Please list the name and contact info for each representative who will attend the meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email** | **Mobile Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: Only two representatives per exhibitors are permitted. Exhibitors may submit up to 4 representative names with this agreement. The meeting directors will consider requests for additional representatives on a case-by-case basis.

Please list names and contact info for administrative issues.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email** | **Mobile Phone** |
|  |  |  |  |
|  |  |  |  |

# Method of Payment

* Check (Please make all checks payable to McGovern Medical School Department of Otorhinolaryngology- Head & Neck Surgery)
* Credit card

|  |  |  |
| --- | --- | --- |
| * **American Express**
* **Discover**
* **MasterCard**
* **Visa**
 | **Name** |  |
| **Credit Card Number** |  |
| **CVV/CVC** |  | **Expiration** |  |
| **Authorized Signature** |  | **Date** |  |

# Authorized Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Printed Name** |  |

**Course Contact Information**

|  |  |  |
| --- | --- | --- |
| Martin J. Citardi, MD martin.j.citardi@uth.tmc.edu | Jane Huang, MDzhen.j.huang@uth.tmc.ed | Zi Yang Jiang, MD zi.yang.jiang@uth.tmc.edu |
| Katherine Kao, MD wee.tin.k.kao@uth.tmc.edu | Denna Zebda, MD denna.a.zebda@uth.tmc.edu |