



26th Annual West Side Seminar-Exhibition Invitation

Saturday, September 26, 2015

LaCentre Conference Facility
25777 Detroit Rd, Westlake OH 44145
440-250-2000

You are cordially invited to participate as an Exhibitor at the Cleveland Academy of Osteopathic Medicine's 26th Annual West Side Seminar (WSS).

It is anticipated that over 100 physicians from across Ohio will attend. The educational program will offer 8 AOA Category 1-A CME credits, as well as the opportunity for physicians to meet with representatives from companies whose products and services enhance the practice of medicine.

- LOCATION:** LaCentre Conference Facility
25777 Detroit Rd
Westlake OH 44145
440-250-2000
- DATE:** Saturday, September 26, 2015
- EXHIBITION HOURS:** Saturday, September 26, 2015 - 7:30 am to 4:30 pm
- EXHIBITION SET-UP:** Saturday, September 26, 2015 - 6:30 am to 7:30 am
- COST:** \$700—single exhibit space or \$1000—double exhibit space
- OTHER OPPORTUNITIES:** Sponsoring Breakfast, booth included*
Sponsoring Morning Break, booth included*
Sponsoring Lunch, booth included*
Sponsoring AV, booth included*

Please contact Executive Director for these details

- SINGLE DISPLAY PRICE INCLUDES:**
-One (1) skirted 6' table with two (2) chairs
-Listing in the overall program
-Listing on CAOM website
-Listing of all pre-registered physicians.
- EXHIBIT MATERIALS/SHIPPING:** Should you wish to forward exhibit materials directly to the LaCentre, please label "Hold for CAOM CME, September 26, 2015", LaCentre Conference Facility, 25777 Detroit Rd, Westlake OH 44145.
- CANCELATION POLICY:** All cancellation requests must be made in writing; Reservations canceled from now until August 29 receive a Full refund; August 30- September 15, receive a 50% refund; No refunds for cancellations received after September 15, 2015.
- EXHIBITOR-PHYSICIAN INTERACTION:** The program offers plenty of scheduled and non-scheduled opportunities to network with physicians. To be eligible for Seminar Grand Prizes, physicians are required to visit all displays and secure exhibitor's signatures—thereby ensuring another opportunity for contact.

Please fill out the attached Exhibition Participant Form.

For further information or questions, contact Jessica Strauss at caomed1@yahoo.com or call 216-595-0655.



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EXHIBITION PARTICIPANT FORM

EXHIBITOR INFORMATION

Company Name: (as it should appear in seminar materials)	
Company Representative: (individual submitting form)	
Signature of Representative:	
Representative Mailing Address:	
City, St, Zip:	
Phone:	Email:
Brief Description of Company Products/Services: (as it should appear in seminar materials)	

PAYMENT OPTIONS—CAOM TAX ID # 34-6572708

<input type="checkbox"/> Check (made payable to CAOM)		<input type="checkbox"/> Credit Card (MC, V, Dis, AMEX)	
Credit Card Number:	Expiration Date:	3 or 4 Digit Security Code:	
Signature:		Billing Address Zip Code:	

EXHIBITOR OPTIONS

<input type="checkbox"/> Single Exhibit Space (\$700)	<input type="checkbox"/> Double Exhibit Space (\$1000)	<input type="checkbox"/> Event Sponsor, booth included
<input type="checkbox"/> Request Electrical Service for Exhibit Space*		<input type="checkbox"/> Request Internet Access* (\$50 additional fee)
<p align="center">ALL Display fees must be paid in full no later than September 19, 2014. Please reserve early to ensure participation – Space is Limited!</p> <p align="center">Confirmation of display space will be sent upon receipt of completed application and fees.</p>		
OFFICE USE ONLY: PAID/METHOD		DISPLAY NUMBER

PLEASE RETURN THIS FORM WITH PAYMENT TO:

CAOM
 PO Box 356
 AVON, OH 44011
 PHONE: 216-595-0655
 EMAIL: CAOMED1@YAHOO.COM