

TPMA Exhibit Booth Contract

Southwest Foot & Ankle Conference - September 23-25, 2021

All exhibitors must complete this form or register online to participate in the 2021 TPMA Southwest Foot & Ankle Conference.

This form and online registration serves as a binding contract.

Please read the Terms, Conditions and Rules on page 11 of the prospectus before signing the contract below.

Payment in full for booth must be enclosed with contract to be confirmed.

Company: _____ Please print how you wish to be listed in promotional materials

Contact Name: _____ Email: _____

Address: _____ City/ST/Zip: _____

Phone: _____ Website: _____

Twitter: _____ Facebook: _____ LinkedIn: _____

List Onsite Representatives (only 2 per booth): _____

Additional Representatives (\$125 each): _____

Exhibit & Sponsorship Selection

Exhibit Booth Space: Please indicate your top three preferred booth locations you wish to be assigned under each respective conference. The exhibit hall floor plans for each conference can be found at www.txpma.org/exhibit.

By 07/31

After 07/31

\$1,350

\$1,550

Preferred booth locations (pick three):

1. _____ 2. _____ 3. _____

Companies you prefer not to be next to:

Sponsorship Level

Gold \$20,000

Silver \$15,000

Bronze \$10,000

Lead Retrieval \$300

Lead Retrieval is purchased separately via the TPMA conference app. An email invitation will be sent via the app (Attendify) to facilitate purchase.

Additional Opportunities

Lunch Sponsor \$10,000

Welcome Reception \$10,000

Registration Desk **SOLD**

Escalator Runner \$5,000

Breakfast Sponsor \$4,000

Break Sponsor \$4,000

Mobile App \$3,000

Non-CME Workshop \$2,500

Tanyards **SOLD**

Attendee Bags **SOLD**

Water Stations \$3,000

Floor Decals \$3,000

Directional Signage \$3,000

Young Members Reception \$3,000

In-Booth Station \$500+

Non-CME Poster Session \$200

Payment Method

VISA MasterCard American Express Discover Check # _____ (Payable to TPMA)

Card Number: _____ Exp Date: _____

Card Holder Name: _____ Sec Code: _____

Billing Address: _____ City/ST/Zip: _____

Signature: _____ Total: \$ _____

Cancellation policy: Written notice of cancellation received in the office 90 days prior to the conference will receive a refund of monies submitted, less a 25% processing fee. Cancellations 89-30 days prior to a conference will be refunded less 50%, and cancellation 29 days prior to day of a conference and no shows will not be refunded.