

Michigan Section of ACOG

ANNUAL CLINICAL "SNOW" MEETING

January 31 - February 2, 2013
Crystal Mountain Resort
Thompsonville, Michigan



THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

APPLICATION FOR EXHIBIT SPACE

Company Name: _____

Address: _____

City/State/Zip Code: _____

Contact Name: _____ Email Address: _____

Telephone Number: () _____ Fax Number: () _____

The following individuals will represent our company at the 2013 MSACOG "Snow Meeting":

_____	_____
_____	_____
_____	_____

* *Up to two representatives per purchased table may attend the receptions and banquet at no charge. Additional representatives or guests must pay the guest registration fee of \$65.00.*

Agreement

Exhibitor hereby agrees to and does indemnify, hold harmless, and defend ACOG from and against any and all liability, responsibility, loss, damage, cost, or expense of any kind whatsoever (including but not limited to cost, interest, and attorney's fees), which ACOG may incur, suffer, be put to, pay or be required to pay, incident to or arising directly or indirectly from any intentional or negligent act or omission by Exhibitor or any of its employees, servants, or agents. ACOG shall not be responsible in any way for (1) damage, loss, or destruction of any property of Exhibitor or (2) injury to exhibitor or its representatives, agents, employees, licensees or invitees.

Authorized Exhibitor Representative _____ Date _____

Our Relationship with Industry

The College takes every possible measure to ensure that ACM exhibitors follow the ethical standards and guidelines set forth by the College, PhRMA, AMA, and AdvaMed, and other regulatory organizations. The College is committed to work toward ensuring that its educational mission is evidence based and free from undue bias from all outside influence. In this effort, the Committee on Ethics has established an ACOG Committee Opinion entitled - *Relationship With Industry*, which can be viewed on the College's web site at http://www.acog.org/from_home/publications/ethics/co401.pdf.

It is the responsibility of exhibitors to ensure adherence to Food and Drug Administration (FDA) regulations, policies, practices and guidelines, and all other applicable industry guidelines (including but not limited to, those listed above), concerning the demonstration, discussion, use and/or display of products, technologies, and/or services.

Michigan Section ACOG Annual Clinical “Snow” Meeting Exhibitor Space Application

Exhibit Tables

After referring to the enclosed floor plan, indicate preferred table location. Two or more tables may be combined for a single exhibit if larger exhibit space is desired. *Table assignments will be made only after payment is received by MSACOG.* You will be notified of your assigned exhibit space upon receipt of payment.

1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

Six foot skirted table _____ table(s) @ \$800 = \$ _____

Eight foot skirted table _____ table(s) @ \$1,000 = \$ _____

NUMBER OF TABLE(S) _____ **table(s)** **TOTAL =** \$ _____

Please list vendors with whom you wish to **avoid** close proximity. MSACOG will honor requests to the best of its ability.

Commercial Support Opportunities

The best way to stand out among other exhibitors is through commercial support. MSACOG sincerely appreciates the contributions made by its exhibitors and takes special measures to recognize these organizations. Please contact Dr. Jody Jones if you are interested in offering a symposium on the evening of January 31, 2013.

<input type="checkbox"/> Thursday Welcome Reception	(\$2,000)	\$ _____
<input type="checkbox"/> Friday Wine & Cheese Reception	(\$2,000)	\$ _____
<input type="checkbox"/> Audio Visual Equipment	(\$1,000)	\$ _____
<input type="checkbox"/> Unrestricted Educational Grant	(\$2,500)	\$ _____
<input type="checkbox"/> James W. Gell, MD Lecture	(\$3,000)	\$ _____
<input type="checkbox"/> Evening symposium	(\$7,500)	\$ _____
	Total Events Fees	\$ _____
	Total Tables Fees (above)	\$ _____
	Representatives in excess of 2 per table* (@\$65)	\$ _____
	TOTAL AMOUNT ENCLOSED	\$ _____

Make check payable to: **Michigan Section ACOG** ACOG Federal tax ID number: 90-0489809

Mail to: **Matthew Allswede, MD, Treasurer – MSACOG**
 1322 E. Michigan Avenue, Suite 220
 Lansing, MI 48912
matthew.allswede@sparrow.org

Questions? Contact Jody Jones, MD at Jody_Jones@ihacares.org or call (734) 398-8112.