



Texas Chapter of the American College of Physicians

2010

TEXAS CHAPTER OF THE
AMERICAN COLLEGE OF PHYSICIANS
EXHIBITOR PROSPECTUS

Exhibitor Registration Form

Name of Firm: _____

Name of Authorized Personnel: _____

***** All meeting information will be sent to authorized personnel unless otherwise indicated. *****

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I have reviewed the exhibit policies and hereby agree to the terms and requirements as outlined on the TXACP Web site.

Signature of Authorized Personnel

Date

EXHIBITOR LEVEL *(Please check one)*

BRONZE Level - \$1,000

SILVER Level - \$2,000

___ Women in Medicine Breakfast - Saturday

___ Advancement to Fellowship Breakfast - Saturday

GOLD Level - \$4,000

___ Continental Breakfast - Saturday

___ Afternoon Refreshment Break – Saturday

___ Continental Breakfast – Sunday

PLATINUM Level - \$6,000

___ Board of Director's Dinner – Friday

___ Annual Business Meeting and Awards Luncheon – Saturday

___ Cocktail Reception – Saturday

My company will contribute a prize for the Exhibit Passport Game.

General product line your exhibit will promote:

Please identify any competitors to avoid adjacent placement in the exhibition:

PAYMENT BY: MasterCard Visa AMEX DISCOVER Check # _____

Card Number: _____ Exp. Date: _____

Printed Name on Card: _____

Signed Name (authorized payment): _____

PLEASE NOTE: On your credit card statement, charges will appear as "Texas Medical Association" as TXACP utilizes the TMA credit card services. Please make checks payable to: The Texas Chapter of the ACP

RETURN TO:

Texas Chapter of the ACP • Attn: Claire Hogan, Exhibits Manager • 401 West 15th St., Austin, Texas 78701
Phone (512) 370-1463 • Fax (512) 370-1693 • claire.hogan@texmed.org • www.txacp.org