



Satellite Symposium/Product Theater Application

Contact Information

Sponsoring Company Name: _____

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Planning Company Name: _____

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Select Activity: Satellite Symposium (\$50,000) Product Theater (\$40,000)

Select Event: Obesity Medicine 2018 Overcoming Obesity 2018

Program Information

Program Title: _____

Proposed Speaker(s): _____

Program Description: _____

Accredited Sponsor Providing CME: _____

Payment Information

Payment amount: \$ _____

Card Number: _____ Exp. Date: ____/____/____

OR Check enclosed, made payable to "OMA"

By signing below, I have read and agreed to the exhibitor rules and regulations, antitrust guidelines, and terms and conditions available at www.obesitymedicineprospectus.org.

Signature: _____ Date: _____

Complete this form and return it to the Obesity Medicine Association.

MAIL: 101 University Blvd. Ste. 330 Denver, CO 80206 | **FAX:** 303.779.4834 | **EMAIL:** info@obesitymedicine.org