



Exhibitor Application

Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Primary Contact: _____

Phone: _____ Email: _____

| Conference | | Booth Cost | |
|--|---|----------------------------------|----------------------------------|
| In the event of conflicts regarding space requests or conditions beyond its control, OMA reserves the right to rearrange the floor plan. | | Standard | Premium |
| Obesity Medicine 2018 in San Diego Exhibit Hall: April 5-6 | Booth Preferences* | <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$2,050 |
| | 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ | | |
| Overcoming Obesity 2018 in Washington, DC Exhibit Hall: Sept. 27-28 | 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ | <input type="checkbox"/> \$1,800 | <input type="checkbox"/> \$2,450 |
| Reserve a booth at both 2018 conferences at the same time and save \$200 on total exhibit rates. | | <input type="checkbox"/> \$3,100 | <input type="checkbox"/> \$4,300 |

*Booth preferences will be taken into consideration, but there is no guarantee you will be placed in one of your preferred booths.

Please do not put my company's booth next to the following companies (OMA will do its best to honor this request):

| Fundamentals of Obesity Treatment Courses (\$600 per event) | | | |
|---|---|--|--|
| <input type="checkbox"/> Jan. 20 (Minneapolis) | <input type="checkbox"/> Jan. 20 (Washington, DC) SOLD OUT! | <input type="checkbox"/> Feb. 3 (Denver) | <input type="checkbox"/> Feb. 24 (Chicago) |
| <input type="checkbox"/> June 2 (Charlotte) | <input type="checkbox"/> \$2,160 (Receive a \$240 discount when you exhibit at remaining courses in 2018) | | |

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. I understand that OMA reserves the right to monitor exhibitors and may prohibit exhibitors from presenting products or services that were not initially disclosed in the new exhibitor or sponsor application when submitted to OMA. Upon request, I also agree to provide proof of insurance 60 days prior to each conference.

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