



Tennessee College of Occupational and Environmental Medicine

TCOEM 2019 Exhibitor Application

Location: Vanderbilt University Medical Center ~ October 26, 2019

Section 1: Exhibitor Company Information *...as you wish it to be listed in the program*

Organization Name:
 Address:
 City:
 State: Zip:
 Contact Name:
 Telephone:
 Email:
 Website:

Section 2: Official Exhibit Representative

Designate below the name of the person who is to receive all relevant exhibition material, including booth confirmation, updates and exhibit service

Name:
 Title:
 Address:
 City:
 State: Zip:
 Telephone:
 Email:

Section 3: Payment Information

Select **one** of the following options:

*If you submit a contract without payment your booth/space selection **will not be held**.*

- \$1,000.00 Reserve Exhibit Booth/Space *(only)*
- \$1,750.00 Reserve Exhibit Booth/Space & Sponsorship
- \$1,250.00 Sponsorship *(only)*

Check Payment All checks **must** be payable to TCOEM and include the TCOEM Tax Id# 27-1278751.

Check Number: _____

Debit or Credit Card Payment

Please select card type and complete the following information as it appears on the card, selected below.

- Mastercard Visa Discover American Express

Credit Card Number:	
Expiration Date:	
Name on Card:	
Cardholder's Signature:	



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Section 4: Exhibit Description

Please provide an exhibitor description, 50 words or less, of your organization or services for inclusion in the 2019 program. List your description in the box below.

Please select your company's category: *(Select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Clinical Laboratory Services | <input type="checkbox"/> Medical Consulting Services |
| <input type="checkbox"/> Computer Systems & Software | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Physician Search/Recruitment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pre-Employment Screening |
| <input type="checkbox"/> Electronic Reference | <input type="checkbox"/> Publishers, Reference Material, Periodicals |
| <input type="checkbox"/> Emergency Disaster Planning | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Safety/Protective Products |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Substance/Chemical Detection Services |
| <input type="checkbox"/> Examination/Test Products | <input type="checkbox"/> Therapeutic Products |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Trauma Treatment Products |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Wellness Programs |
| <input type="checkbox"/> Medic/Rescue Vehicles | <input type="checkbox"/> Other: _____ |

Section 5: Signature

All applications must be signed to confirm booth/space reservations.

Signature: _____ Date: _____

Section 6: Submit both pages of this contract along with payment to:

TCOEM
1005 DR D.B. Todd Jr BLVD
Nashville, TN 37208
ATTN: Heather O'Hara, MD



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Exhibitor Application Details:

At least 50% of the exhibitor fee must accompany the application if the contract with payment is received on or before September 1, 2019. The balance must be paid in full on or before October 1, 2019. Contracts received on or after October 1, 2019, will require full payment with application. No exhibitor may assign, sublet the whole or any part of the space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitor in the regular course of business.

By signing this application form, you indicate that you are authorized to enter into legally binding contracts for the sponsoring company and that you are authorized to reserve sponsorship space at the Tennessee College of Occupational and Environmental Medicine (TCOEM) Annual Meeting. This application is made with the understanding that the applicant company agrees to abide by all rules, requirements, restrictions, and regulations as set forth by TCOEM Management, the hotel, or the city of Nashville. Failure to abide by such rules and regulations results in forfeiture of all monies paid or due by Management under terms of this agreement. Applications for exhibit space are subject to review by the TCOEM Board to determine suitability for the conference and to ensure conformity with conference standards.

Cancellation Policy: If space is canceled by an exhibitor on or before September 1, 2019, a refund will be made for 50% of the total cost of the exhibit space reserved. There will be no refunds for canceling on or after October 1, 2019.