



SPORTS MEDICINE SUMMIT: Caring for Athletes

AUGUST 25-28, 2022 Philadelphia, PA

EXHIBITOR & SPONSOR APPLICATION

Company Name				Contact Name	
Email				Web Address	
Address				Phone	
City	State	Zip	Country	Have you exhibited with us before?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Exhibit Booth \$3,000 <input type="checkbox"/> Educational Lunch Sponsor \$15,000 <input type="checkbox"/> Cocktail Reception Sponsor \$3,000 <input type="checkbox"/> Wi-Fi Access Sponsor \$1,000 <input type="checkbox"/> Coffee Break Sponsor \$850 Total Amount Due	Exhibit Package Includes · 8-Foot Table, Draped & Skirted · 2 Chairs, 1 Waste Basket · Hotel Booking Discount · 4 Conference Registrations · Cocktail Reception & Meals · Content Marketing · Company Logo On Our Website Booth Selections Top Two Choices 1. _____ 2. _____	What do you plan to exhibit?
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By signing this application, Exhibitor attests that they have received, reviewed and consented to the attached Exhibitor Terms and Conditions. EXPERT EDUCATION INSTITUTE reserves the right to inspect or refuse any marketing materials listed above.

Customer Signature _____

Date _____

Payment Information

Check Payable to: Expert Education Institute Mail to: 138 Alter Street Philadelphia PA 19147

OR Card Type

Name As Shown on Card _____

Card Number _____

Expiration Date (mm/yy) _____ CVV _____

Total Amount to be Charged _____

I, _____ authorize Expert Education Institute to charge my credit card the amount of \$ _____ for the agreed-upon purchases.

Customer Signature _____

Date _____

Email Completed Form to: Stephanie@ExEdInstitute.com