



# Maryland Veterinary Medical Association

## - EXHIBITING OPPORTUNITIES -

### Continuing Education Meetings:

The MVMA hosts six continuing education meetings per year. These conferences, which are held in various areas of the state, provide both member and non-member veterinarians as well as technicians with continuing education credit hours necessary for licensure. **Space is limited.** Listed below are the conference opportunities for 2010 - 2011:

### Select Conference(s) for Exhibit Space Reservation:

<u>Conference Name</u>	<u>Location</u>	<u>Dates</u>	<u>Cost/Space</u>	<u># Booth</u>
<input type="checkbox"/> Fall Conference	Crowne Plaza, Timonium, MD	November 10-11, 2010	\$ 700	_____
<input type="checkbox"/> Bovine Conference	Clarion Hotel, Hagerstown, MD	March 31 & April 1, 2011	\$ 650	_____
<input type="checkbox"/> Mid-Atlantic Clinic	Howard County Fairgrounds	May 12, 2011	\$ 650	_____
<input type="checkbox"/> Summer Conference	Clarion Resort, Ocean City, MD	June 25-28, 2011	\$ 800	_____

**I understand that the booth space fee becomes non-refundable 60 days prior to each conference.**

**BOOTH SPACE: Once you sign up as an exhibitor, you will be e-mailed the exhibit hall floor plan and allowed to chose your booth space. This is first come, first serve.**

Date Submitted: \_\_\_\_\_  
 Name of Exhibitor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

- Exhibitor Attendee: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_
- Exhibitor Attendee: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

***Each exhibitor will receive the following: 6 foot table with 2 chairs and admission to the conference for 2 exhibitors including 2 exhibitor meals. An electricity fee varies upon the location. Each additional Exhibitor Attendee (over two) will need to purchase an Exhibitor Meal Ticket. (Price varies depending on food and beverage costs for each conference)***

### **Payment:**

I have enclosed a check in the amount of \$ \_\_\_\_\_ (Check payable to MVMA)

Please charge my credit card.   

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CSC # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### **Return your completed form and payment to:**

**MVMA ♦ 8015 Corporate Drive ♦ Suite A ♦ Baltimore, MD 21236  
 Phone (410) 931-3332 ♦ Fax (410) 931-2060 ♦ [MVMA@ManagementAlliance.com](mailto:MVMA@ManagementAlliance.com)**