



Maryland Veterinary Medical Association

- EXHIBITING OPPORTUNITIES -

Continuing Education Meetings:

The MVMA hosts seven 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 2011 - 2012:

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 2, 2011	\$ 700	_____
<input type="checkbox"/> Bovine Conference	Clarion Hotel, Hagerstown, MD	March 29-30, 2012	\$ 650	_____
<input type="checkbox"/> Mid-Atlantic Clinic	Howard County Fairgrounds	May 10, 2012	\$ 650	_____
<input type="checkbox"/> Summer Conference	Clarion Resort, Ocean City, MD	June 23-26, 2012	\$ 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: () _____ - _____

1. Exhibitor Attendee: _____ Nick Name: _____
E-Mail: _____ Cell: () _____ - _____

2. 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 _____ Amount \$ _____

CSC # _____ Billing Address(No PO Boxes) _____ Zip Code _____

Cardholder Signature _____ Exp. Date ____/____/____

Cardholder Name (Please Print) _____

Return your completed form and payment to:

**MVMA ♦ 3230 Maiden Lane ♦ Suite 5 ♦ P.O. Box 26 ♦ Manchester, MD 21102
Phone (443) 507-6500 ♦ Fax (443) 507-6519 ♦ MVMA@ManagementAlliance.com**