

# 50<sup>th</sup> Annual "Virtual" Symposium on Sports Medicine

## February 3-5, 2023

### Exhibitor Form

Company: \_\_\_\_\_

Name of Representative (s) staffing the exhibit platform: \_\_\_\_\_

Name of Attendee (s) with complimentary registration: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Products, supplies, equipment and/or services to be displayed: \_\_\_\_\_

As an authorized representative of the company listed above, I understand that:

1. Reasonable security measures will be taken for exhibits, but that The UT Health San Antonio accepts no responsibility for any exhibit contents, instruments, or equipment.
2. Exhibitors may not assign, sublet or apportion space allotted, or exhibit any goods other than those manufactured or handled by the exhibitor in the regular course of his business.
3. Exhibit payment does not support education and is only for the use of the exhibit space.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

If signature is from other than Representative listed above, please provide information below:

Name of Authorized Representative: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Sponsorship Amount:  \$500.00

Check Enclosed. Make Payable to UT Health San Antonio CME – 171826

Please Charge

\$ \_\_\_\_\_ to:  VISA  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Contact Information

UT Health Science Center San Antonio Office of Continuing Medical Education

7703 Floyd Curl Drive, MC 7980, San Antonio, Texas 78229-3900

Tel: 210-567-4491 • Fax: 210- 562-5579 • Email: [cme@uthscsa.edu](mailto:cme@uthscsa.edu)

Web: [UT-SportsSymposium.org](http://UT-SportsSymposium.org)

**50<sup>th</sup> Annual "Virtual" Symposium on Sports Medicine**  
**February 3-5, 2023**  
**Support Level**

**\$500.00**

- **Exhibit time during breaks, lunch on Friday, Saturday, and Sunday with option to live chat and offline chat**
  - Company Name and Logo on the 50th Annual Symposium on Sports Medicine Website
  - Acknowledged in "wait slides" during attendee verification/Symposium commencement
  - Mentioned at the beginning of the meeting (background feed and verbal acknowledgement by course directors)
  - One (1) Complimentary Conference Registration
  - 1 video
  - 1 poster
  - 2 logos
  - Each virtual booth option has a feature of Text Chat & Live Video Chat
  - The exhibitor hall will be available to attendees up to 30 days after the event.
  - The deadline to submit your booth selection, posters, videos, logos, and contact details is January 23, 2023 so that we are able to place it in the virtual exhibit hall.

**Conference Platform:** Zoom Meeting

**Check-in Time:**

Friday, February 3, 2023  
Anytime before 7:30 am

**Exhibitor Hours:**

***Friday, February 3, 2023***

7:30 am – 2:30 pm

***Saturday, February 4, 2023***

7:30 am – 2:30 pm

***Sunday, February 5, 2023***

7:30 am – 2:30 pm

**Payment Schedule**

Full payment must accompany the completed exhibitor space application.

Make checks payable to: *UT Health San Antonio CME – 171826*  
7703 Floyd Curl Drive, Mail Code 7980, San Antonio, TX 78229-3900

Federal Tax ID# 74-1586031

**Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education**

As an exhibitor representative, you may virtually attend the 50th Annual Symposium on Sports Medicine. If you wish to obtain CME credit for the symposium, you will need to register as a paid attendee. However you are not allowed to engage in sales or promotional activities during the education portion of the Meeting other than during the exhibit breaks and while offline. Please reference the Standards for Integrity and Independence in Accredited Continuing Education, Standard 5.