EXHIBITOR REGISTRATION FORM

Event Title: Current Challenges in Rehabilitation Medicine
Location: William and Ida Friday Center in Chapel Hill, NC
Dates: June 17, 2017 (UNC Spinal Cord Injury Conference)

Please complete the form below to register as an exhibitor:

Please select your desired Exhibitor preference:
☐ Table-Only $75 (non-profit), $200 (adaptive equipment companies), or $750 (device/pharma firms)
☐ Silver $2,000
*Includes table, recognition in program & on https://www.med.unc.edu/phyrehab, & breakfast signage
☐ Gold $3,000
*Includes table, recognition in program & on https://www.med.unc.edu/phyrehab, & lunch signage

Name of Exhibiting Organization: __________________________________________________________

Up to two Representatives permitted per Organization

Representative Name (1): _______________________________________________________________
First Name  Last Name  Credentials
___________________________________________  _________________________________________________
Email  Phone

Representative Name (2): _______________________________________________________________
First Name  Last Name  Credentials
___________________________________________  _________________________________________________
Email  Phone

Company Name: ________________________________________________________________________

Company Address (PO Box or Street): ___________________________________________________________________________________
___________________________________________  _________________________________________________
City  State  Zip  County

Payment Options and Instructions:
Mark One:
☐ Check enclosed
☐ Check to be mailed

Please follow the instructions below:
• Make check payable to: “UNC Department of Physical Medicine and Rehabilitation.” In the “memo” line, write “Exhibitor Registration.” Our Tax ID number is 56-6001393.
• Mail payment and this registration form to:
  UNC Department of Physical Medicine & Rehabilitation
  101 Manning Drive – NC Memorial Hospital
  Rm N1183, CB 7200
  Chapel Hill, NC 27599

Page 1 of 2
Things to Know:

- Payment and registration form are due by June 1, 2017. Exhibit fees are non-refundable and this agreement is binding.
- The exhibit space accommodates up to two representatives. The exhibit will have one table, two chairs, and access to an electrical outlet. Exhibitor tables will be located in the Friday Center’s Atrium; set up is between 7:45-8am.
- Exhibitors may attend the educational sessions for free when not exhibiting. No professional credit will be awarded to exhibitors. If you are interested in obtaining professional credit, please register through AHEC’s formal registration system.
- Exhibitors should bring their personal nametags as we will not provide them at the conference.
- Exhibitors should utilize the free parking available at The Friday Center.
- Do not plan to affix any banners or signs to walls.
- Due to space limitations, we are unable to store exhibit materials prior to the conference.
- Exhibitor is responsible for any unused exhibit materials. All leftover materials will be discarded.
- This form does not include exhibitor registration for the Friday, June 16th lectures of this two-day conference; please contact Nancy Brandon at info@ncspmr.org if interested in exhibiting on Friday as well.

Wake AHEC:

- Wake AHEC is the accredited provider for this CME event. Wake AHEC adheres to the ACCME Standards for Commercial Support, which include the following: Wake AHEC does not endorse any commercial product, the educational program is conducted for the benefit of the audience and the content provided to participants during the educational program is objective and balanced with contrasting viewpoints. The distribution of drug and other samples is not permitted. The final decision to permit exhibits, the type and other specific characteristics will be made by the course director and Wake AHEC.

Questions?

- Questions relating to this form should be directed to Mr. Aaron Olsen via email: aaron_olsen@med.unc.edu

Signatory Agreement:

By submitting this form, you agree to exhibit at the event and to abide by all stipulations noted in this registration form. You also understand and agree that this form is considered to be legally binding.

Name ___________________________ Date ____________________

Signature ________________________________

Page 2 of 2