New York American College of Emergency Physicians
Scientific Assembly Exhibits
Tuesday, July 7 & Wednesday, July 8, 2020
Exhibit Application

Contact person     Today’s date

E-mail address (required for confirmation)    Company website

( )___________________________________( )________________________________
Phone      Fax

Company

Address

City      State    Zip

Authorized signature

I have read and agree to New York ACEP’s Assembly rules and regulations
Attending the Assembly (Exhibit includes two representatives. Additional rep $100).

#1 Name:_______________________________________ email:__________________________________

#2 Name:_______________________________________ email:__________________________________

#3 Name:_______________________________________ email:__________________________________

Supporter Packages
☐ Exclusive Premier & WebApp Supporter . . . .  $7,500
☐ Value Supporter (includes exhibit) . . . . . . . . . $3,000

Exhibit Only
☐ Exhibit #________ of tables @ . . . . . . . . . $1,000 (after May 1: $1,200; after June 1: $1,300)
☐ Premium Foyer Exhibit tables @ . . . . . . . . . $2,000 (4 available)
☐ Additional representative (not to exceed 3) . . . . . . $100

Enhancements
☐ Hor d’oeuvres ________  # of trays @ . . . . . . . . $250

Exclusive Meeting Support Enhancements
☐ Annual Meeting Luncheon...........................$4,500
☐ Research Forum .......................................$2,000
☐ Open Day registrant gift ..............................$2,000
☐ Wednesday Breakfast (exhibit hall)..............$1,800
☐ Thursday Breakfast ...................................$1,200
☐ Registrant Snack .....................................$1,000
☐ Tuesday break (exhibit hall) .......................$  500
☐ Wednesday break (exhibit hall)...................$  500
☐ Thursday break ......................................$  300
☐ Board Lunch ...........................................$  500
☐ Board Breakfast .....................................$  500

Table Preference

<table>
<thead>
<tr>
<th>1st choice</th>
<th>2nd choice</th>
<th>3rd choice</th>
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<tbody>
<tr>
<td>See floor plan</td>
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Contact Us
New York American College
of Emergency Physicians
phone (585) 872-2417
fax (585) 872-2419
email nyacep@nyacep.org
www.nyacep.org

Payments
No application will be processed or confirmed without full payment. For credit card payments, go online to https://www.nyacep.org

For check payments, mail this application along with your check payment to:
New York American College of Emergency Physicians
1130 Crosspointe Lane, Suite 10B
Webster, NY 14580-2986

Federal Tax ID# 31-0923041

Unless otherwise indicated, all correspondence will be sent to the “contact person.” The undersigned agrees to abide by the rules and regulations as printed and provided by New York ACEP (online at https://www.nyacep.org). Subletting space is not permitted. Two or more firms may not exhibit in a single space.

No refund will be made on space that is not utilized during exhibit hours. Cancellations must be requested in writing by June 1. All cancellations are subject to a $150 processing fee. No refunds after June 1, 2020.

Indicate Company Type
☐ Billing/Coding Services
☐ Cardiovascular
☐ Computer Software/Hardware
☐ Consulting Services
☐ Diagnostic Products/Services
☐ Documentation Services
☐ EDIS
☐ Educational Products/Services
☐ Emergency Medical Equipment
☐ Imaging/Ultrasound Equipment
☐ Insurance/Risk Management
☐ Market Research
☐ Ophthalmic Products
☐ Orthopedic Products
☐ Patient Monitoring
☐ Pharmaceuticals
☐ Recruiting/Staffing/Management
☐ Safety
☐ Specialty Products/Services
☐ Telemedicine
☐ Wound Care Products

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Total Amount Owed:_________