



April 3, 2019

RE: **8<sup>th</sup> Annual Management of the Complex Hospitalized Patient**

Dear Representative:

Plans are rapidly moving forward for the **8<sup>th</sup> Annual Management of the Complex Hospitalized Patient** to be held **August 1-3, 2019** at the **Hyatt Regency Hill Country Resort and Spa, 9800 Hyatt Resort Drive, San Antonio, Texas, 78612**. Included in this communication is information regarding this year's conference and thus an invitation for you to participate with an exhibit during this year's conference.

Please visit the **8<sup>th</sup> Annual Management of the Complex Hospitalized Patient** website at [BSWH.md/HospitalistCME](http://BSWH.md/HospitalistCME) for full program information including exhibitor documents.

The symposium will be open to all physicians, physician assistants, nurse practitioners, nurses, respiratory therapists, pharmacists, and other interested healthcare providers. We anticipate **110-120** in participant attendance.

The **Silver Level** exhibit fee is **\$2000.00** and the exhibit times are **6:30 a.m. -3:30 daily**. We will also offer a **Gold Level** exhibit opportunity at **\$3000.00** that will include the daily exhibit time **6:30 a.m. -3:30 daily** and ½ table exhibit at the Thursday night reception. There are only two opportunities for the Gold Level sponsors. **These are first come first serve to register via the online portal ([click here](#))**.

Our Federal Tax ID number is **46-3131350**. Please make check payable to **Baylor Scott & White Health-A. Webb Roberts Center** and mail to the address below:

Attn: Diana McGill  
A. Webb Roberts Center for Continuing Medical Education  
Baylor Scott & White Health  
MS-26-A229  
2401 S 31<sup>st</sup> Street  
Temple, TX 76508  
**FX 254-724-1753**  
**Email: [diana.mcgill@bswhealth.org](mailto:diana.mcgill@bswhealth.org)**

To reserve your exhibit space, please complete the attached Exhibit form and return to [Diana.McGill@BSWHealth.org](mailto:Diana.McGill@BSWHealth.org) or fax to 254-724-1753.

Sincerely,

*Diana McGill*

Diana McGill  
The A. Webb Roberts Center for CME  
Baylor Scott & White Health  
2401 S 31<sup>st</sup> Street, MS-26-A229  
Temple, TX, 76508  
[254-724-4073](tel:254-724-4073)

**EXHIBITOR INFORMATION FORM**

Activity Title:	<b>8<sup>th</sup> Annual Management of the Complex Hospitalized Patient</b>
Activity Date:	<b>August 1-3, 2019</b>
Location:	<b>Hyatt Regency Hill Country Resort and Spa, San Antonio, Texas.</b>

Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	<b>Office:</b> _____ <b>Cell:</b> _____
Name of Representative(s) Attending	
Exhibit	<p><b><u>\$3000.00 Gold Level (Exhibit space at conference and Thursday Reception—2 spaces available)</u></b>  <b><u>\$2000.00 Silver Level (Exhibit space at conference)</u></b>          Exhibit setup from (date of activity). Each exhibit space includes a 6' table top exhibit space, two chairs, and two name badges.</p> <p><input type="checkbox"/> I need electricity</p> <p><input type="checkbox"/> <b>Special Needs:</b> If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please check here ( ) and we will contact you.</p> <p><input type="checkbox"/> I plan to display products approved as formulary for BSWH:          ___yes ___no ___I don't know          Products planned for display are:</p>
Make check payable to	<b>Baylor Scott &amp; White Health</b> <b>A. Webb Roberts Center for Continuing Medical Education</b> <b>Federal Tax Identification Number: 46-3131350</b>
Mail completed form and check to	<b>Diana McGill</b> , CME Coordinator <i>A Webb Roberts Center for Continuing Medical Education</i> <b>2401 South 31<sup>st</sup> Street, MS-26-A229</b> <b>Temple, TX 76508</b> <i>Office: 214-820-2317 Direct: (254-724-4073) Fax: 214-820-4169</i> <a href="mailto:Diana.McGill@BSWHealth.org">Diana.McGill@BSWHealth.org</a>
If you prefer to pay by credit card, please visit	<a href="http://BSWH.md/HospitalistCME">BSWH.md/HospitalistCME</a> (Exhibitor tab) or contact Diana McGill above

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Signature of authorized company representative

\_\_\_\_\_  
Signature AWRC representative

\_\_\_\_\_  
Printed Name of authorized company representative

\_\_\_\_\_  
Printed Name of AWRC representative

\_\_\_\_\_  
Date

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Date