

EXHIBIT REGISTRATION FORM

38th Annual Internal Medicine Review

July 15 – 19, 2019

South Padre Island, Texas

General Information

Company Name

Contact Name

Address

Email

Representatives Attending Event (if more than 3 staff exhibiting daily, you must purchase additional table)

NAME	PHONE	EMAIL

Additional Needs

Electricity (must furnish own extension cord)

Additional Needs (i.e. proximity to other exhibitors or special equipment)

Please note: Placement is reserved on a first come, first served basis. Please submit this form no later than **July 5, 2019**. Final details will be emailed to you by **July 10, 2019**.

Registration

• Monday - Friday \$2000

Daily Registration (if not attending full week):

• Monday (first day) \$1400 • Tuesday \$200 • Wednesday \$200 • Thursday \$200 • Friday \$200

• Additional Table \$500

(if your table will be staffed by more than 3 individuals daily, you must purchase additional table)

Payment Information

Payment:

Total Due: _____

Check (made payable to **Baylor Scott & White Health**)

To pay by credit card, register online

BSWH.md/IMR

Representative Signature

Date

BSWH Signature

Date

Mail this form with check to:

Baylor Scott & White Health, Dept of CME: MS-26-A229
2401 S. 31st. St., Temple, TX 76508

Or Fax to 254-724-1769

Phone: 254-724-5470 or email cheryl.massar@bswhealth.org