



August 9, 2019

Prospective Exhibitor:

RE: 2nd Annual BSWH Neuro-Oncology Symposium

Dear Representative:

Plans are rapidly moving forward for the 2nd Annual BSWH Neuro-Oncology Symposium to be held September 28, 2019 at the Baylor Scott & White Medical Center – Round Rock, 300 University Blvd, Round Rock, TX 78665. **A Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health (AWRC)** would like to extend an invitation for you to exhibit during this year's conference.

Please visit the 2nd Annual BSWH Neuro-Oncology Symposium website at BSWH.md/NeuroOncSymposium 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. Our invitations will include patients, family and friends as well. We anticipate (75) of participant attendance.

The exhibit fee is \$300.00 and the exhibit times are 7:30 am – 3:40. 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:

Diana McGill
A. Webb Roberts Center for Continuing Medical Education
Baylor Scott & White Health
MS-26-A229
2401 S 31st Street
Temple, TX 76508
FX 254-724-1753
Email: diana.mcgill@bswhealth.org

To reserve your exhibit space, please complete the attached Exhibit form and return to diana.mcgill@bswhealth.org or fax to 254 724 1753.

Sincerely,

Diana McGill
The A. Webb Roberts Center for CME
Baylor Scott & White Health
2401 S 31st Street MS-26-A229
Temple, TX 76508
254 724 4073

EXHIBITOR REGISTRATION

Activity Title:	2 ND Annual BSWH Neuro-Oncology Symposium
Activity Date:	September 28, 2019
Activity Location:	Baylor Scott & White Medical Center – Round Rock, Round Rock, TX

Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address <small>(please include all who need to receive conference information)</small>	
Telephone Number	Office: _____ Cell: _____
Name of Representative(s) Attending	
Exhibit	<p><u>\$ 300.00</u> 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"/> Special Needs: 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	Baylor Scott & White Health A. Webb Roberts Center for Continuing Medical Education Federal Tax Identification Number: 46-3131350
Mail completed form and check to	Diana McGill , CME Coordinator <i>A Webb Roberts Center for Continuing Medical Education of BSWH</i> 2401 S 31st Street Temple, TX 76508 <i>Office: 254-724-7609 Direct: 254-724-4073 Fax: 254-724-1753</i> Diana.McGill@BSWHealth.org
If you prefer to pay by credit card, please visit	BSWH.md/NeuroOncSymposium or contact Diana McGill above

Signature of authorized company representative

Printed Name of authorized company representative

Date

Signature AWRC representative

Printed Name of AWRC representative

Date

