



Baylor Scott & White

HEALTH

**A. WEBB ROBERTS CENTER FOR
CONTINUING MEDICAL EDUCATION**

February 14, 2019

Dear Prospective Exhibitors:

RE: 40th Annual Everett R. Veirs Lecture and Ophthalmology Conference

Dear Representative:

Plans are rapidly moving forward for the 40th Annual Everett R. Veirs Lecture and Ophthalmology Conference to be held April 13, 2019, at the Hilton Garden Inn, 1749 Scott Boulevard, Temple, TX. **The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health** would like to extend an invitation for you to exhibit during this year's conference.

Please visit the 39th Annual Everett R. Veirs Lecture and Ophthalmology Conference website at BSWH.md/Veirs 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 (#) of participant attendance.

Exhibit choices include a table display only for \$300 or the option to have a Web Lab and Table for \$500. Exhibit times are 7:30 am – 3:45. 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
MS-26-A229
2401 S 31st Street
Temple, TX 76508
[254-724-4073](tel:254-724-4073)



EXHIBITOR INFORMATION FORM

Activity Title:	40th Annual Everett R. Veirs Lectureship and Ophthalmology Conference
Activity Date:	Saturday, April 13, 2019
Location:	Hilton Garden Inn, 1749 Scott Boulevard, Temple Texas

Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	Office: Cell:
Name of Representative(s) Attending	
Exhibit	<p>\$ 300.00 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	<p>Baylor Scott & White Health A. Webb Roberts Center for Continuing Medical Education Federal Tax Identification Number: 46-3131350</p>
Mail completed form and check to	<p>Diana McGill CME Coordinator <i>A Webb Roberts Center for Continuing Medical Education</i> CME-MS-26-A229, 2401 South 31st Street, Temple, TX 76508 Direct: 254-724-4073 Office: 254-724-7609 Fax: 214-820-4169 Diana.McGill@BSWHealth.org</p>
If you prefer to pay by credit card, please visit	<p>BSWH.md/Veirs to register/pay online select exhibitor (this form is still required) or contact Diana McGill above</p>

Signature of authorized company representative

Printed Name of authorized company representative

Date

Signature AWRC representative

Printed Name of AWRC representative

Date