

**Indiana Podiatric Medical Association**  
**2009 Fall Convention**  
**October 8-10, 2009**  
**Hyatt Regency Indianapolis, One S. Capitol Avenue,**  
**Indianapolis IN 46204**  
**EXHIBITORS REGISTRATION FORM**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

REPRESENTATIVES NAMES ADDRESSES AND TELEPHONE NUMBERS (If different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL OUTLETS needed for out display (Please indicate number and type needed):

110-Volt (20 AMP 30 AMP 40 AMP 50 AMP 100 AMP 200 AMP) \_\_\_\_\_

208-Volt (20 AMP 30 AMP 40 AMP 50 AMP 100 AMP 200 AMP) \_\_\_\_\_

COMPANY'S NAME as it should appear in the printed program. (If different than the one listed above):

\_\_\_\_\_

Booth Information      Number of exhibit spaces requested \_\_\_\_\_

Desired Location:      1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

List any companies which you would prefer not to be placed next to. Requests will be honored if feasible.

\_\_\_\_\_

EXHIBIT: \$500.00 per booth registration fee

AMOUNT ENCLOSED

\_\_\_\_\_

CHECKS SHOULD BE MADE PAYABLE TO AND RETURNED ALONG WITH THIS FORM  
BEFORE SEPTEMBER 1, 2009 TO:

INDIANA PODIATRIC MEDICAL ASSOCIATION  
101 W. Ohio Street Suite 780  
Indianapolis IN 46204  
317-222-3847  
Fax: 317-222-3849

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**Indiana Podiatric Medical Association**  
**2009 Fall Convention**  
**ADDITIONAL SPONSORSHIP OPPORTUNITIES/SOCIAL FUNCTIONS**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**ADVERTISEMENTS**

Program ½ page ad = \$75.00 \$ \_\_\_\_\_

Program Full page ad = \$150.00 \$ \_\_\_\_\_

**SOCIAL FUNCTIONS**

Continental Breakfast = \$3500.00  
 Friday       Saturday \$ \_\_\_\_\_

Breaks = \$1200.00  
 Thursday     Friday AM     Friday PM  
 Saturday AM  Saturday PM  Sunday \$ \_\_\_\_\_

**CONTINUING MEDICAL EDUCATION SPONSORSHIP OPPORTUNITIES**

We ("the Company") will provide support for the following continuing medical education activity as indicated below:

Total of CME Activity \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

Unrestricted educational grant for support in the amount of \$ \_\_\_\_\_

Restricted grant to reimburse expenses for:

Speaker(s) \_\_\_\_\_  
    \_\_\_ Lodging  
    \_\_\_ Travel Expenses  
    \_\_\_ Honorarium in the amount of (determined by course director) \$ \_\_\_\_\_

Support of catering functions in the amount of \$ \_\_\_\_\_  
    (specify function) \_\_\_\_\_

Other (e.g., audio-visual equipment, brochure distribution, etc.) \_\_\_\_\_

**PLEASE CONTINUE ON REVERSE**

**CONDITIONS**

1. **Statement of Purpose:** program is for scientific and educational purposes only and will not promote the Company's products, directly or indirectly.
2. **Control of Content and Selection of Presenters and Moderators:** IPMA is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources or possible presenters. IPMA will determine role of Company, or its agents, in suggesting presenter (s) based on balance and independence.
3. **Disclosures of Financial Relationships:** IPMA will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between the IPMA and the Company (e.g., grant recipient) or between individual speakers or moderators and the Company.
4. **Involvement in Content:** there will be no "scripting", emphasis, or influence on content by the Company or its agents.
5. **Ancillary Promotional Activities:** no promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. **Objectivity & Balance:** If the Company's products or services (or competing products or services) are discussed, IPMA will make every effort to ensure that speakers in an objective manner, describe any limitations of the data, and give a balanced report of the products or services and their alternatives.
7. **Discussion of Unapproved Uses:** IPMA will require that presenters disclose when a product is not approved in the United States for the use under discussion.
8. **Opportunities for Debate:** IPMA will ensure opportunities for questioning or scientific debate.
9. **Independence of IPMA in the Use of Contributed Funds:**
  - a. Funds should be in the form of an educational grant made payable to the sponsor.
  - b. Any other support by the Company for the CME program (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of the sponsor.
  - c. No other funds will be paid by the Company to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
10. **Company Representative:** representative of the Company may attend the program, but may not engage in any promotional activities while in the room which the program takes place.
11. **Company Sponsored Social Events:** the Company will not sponsor any social event which competes with, or takes precedence over, the program.
12. **Cancellation:** this Agreement may be cancelled by mutual agreement at any time or by IPMA upon written notice to the Company.
13. **Indemnification:** the Company shall indemnify and hold IPMA harmless from and against any and all loss, expense, or damage to IPMA arising out of the negligence, willful misconduct, or breach of this Agreement by the Company, its agents, or employees.

The Company agrees to abide by all requirements published in *CPME 720, Standards, Requirements and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine* (appended).

The IPMAC shall: 1) abide by the requirements published in *CPME 720, Standards, Requirements and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine*; 2) acknowledge educational support from the Company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

**AGREED**

Company Representative (print name) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
IPMA Representative (print name) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make a copy of this application for your records. Mail commitment form and full payment to:  
Indiana Podiatric Medical Association                      101 W. OHIO STREET SUITE 780  
INDIANAPOLIS IN 46204  
If paying by credit card, fax entire form to 317-222-3849.      Questions? 317-222-3847**

**PAYMENT METHOD:**

Payment type (check one).

Check enclosed: \_\_\_ Mastercard: \_\_\_ Visa: \_\_\_ Discover: \_\_\_

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Credit Card Number (please print clearly) plus Three Digit Card Identification Data (on back of card)

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Expiration Date

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Name on Card (please print)

Authorized Signature