

EXHIBITOR INFORMATION FORM

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|------------------------|---|
| Activity Title: | 4 th Annual Updates in Pulmonary and Critical Care Medicine |
| Activity Date: | Saturday, September 23, 2023 |
| Location: | Charles A. Sammons Cancer Center Baylor University Medical Center Dallas, Texas |

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|--|---|
| 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>\$1000 Exhibit setup from 09/23/2023 7:00 a.m.. Each exhibit space includes a 6' table top exhibit space and two chairs.</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> |
| Submit Payment Online | https://ce.bswhealth.com/2023PulmonaryCME -- Exhibitor Tab Federal Tax Identification Number: 46-3131350 |
| Email completed form to | Cheryl Massar – Cheryl.Massar@BSWHealth.org <i>A Webb Roberts Center for Continuing Medical Education Office: 254-724-5470; Fax: 254-724-1753</i> |
| For alternative payment method: | Contact CME Office: Cheryl.Massar@BSWHealth.org |

Signature of authorized company representative

Printed Name of authorized company representative

Date

Signature AWRC representative

Printed Name of AWRC representative

Date