

**EXHIBITOR INFORMATION FORM**

<b>Activity Title:</b>	5 <sup>th</sup> Annual Matthew L. Davis Trauma Symposium
<b>Activity Date:</b>	October 12, 2023
<b>Location:</b>	Frank W. Mayborn Civic & Convention Center 3303 N. 3 <sup>rd</sup> Street Temple, Texas

Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	<b>Office:</b> <b>Cell:</b>
<b>Name of Representative(s) Attending</b>	
Exhibit	<p><b>\$2000</b> 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"/> <b>Special Needs:</b> 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	<b>Website link tbd</b> -- Exhibitor Tab Federal Tax Identification Number: 46-3131350
Email completed form to	Cheryl Massar – <a href="mailto:Cheryl.Massar@BSWHealth.org">Cheryl.Massar@BSWHealth.org</a>  <i>A Webb Roberts Center for Continuing Medical Education Office: 254-724-5470; Fax: 254-724-1753</i>
For alternative payment method:	<b>Contact CME Office:</b> <a href="mailto:Cheryl.Massar@BSWHealth.org">Cheryl.Massar@BSWHealth.org</a>

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Signature of authorized company representative

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Printed Name of authorized company representative

\_\_\_\_\_  
Date

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Signature AWRC representative

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Printed Name of AWRC representative

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Date