



A. Webb Roberts Center For Continuing Medical Education



The A. Webb Roberts Center for
Continuing Medical Education
2401 South 31st Street
MS-26-A443
Temple, Texas 76508

Dear Exhibitor,

On behalf of _____, we would like to invite you to
exhibit at the _____, which will take place _____
at _____ in _____.

We anticipate approximately ____ healthcare professionals over the course of a year. The target
audience for this series is _____.

If you are interested in exhibiting at the _____, please review and
complete the following exhibitor agreement and registration form and return with payment. Please
contact CME by email with exhibitor request in the subject line for credit card payment
CE@BSWHealth.org. Representatives will not be permitted to exhibit on site until payment is
received in full and agreement is approved by the A. Webb Roberts Center for Continuing Medical
Education.

If you require additional information specific to the activity, please feel free to contact
_____ or _____.

Thank you for your continued support of our continuing medical education activities.

Sincerely,

