



Physicians Caring for Texans

# Exhibit Space Application and Contract TexMed 2024 - Final

May 2-4, 2024 • Dallas Omni Hotel  
(512) 370-1423 • belinda.binninger@texmed.org

## Exhibitor Information

Please type information exactly as it should appear in the program and online. (All fields are required.)

EXHIBITING COMPANY NAME		
ADDRESS	CITY/STATE/ZIP	COMPANY PHONE
COMPANY WEBSITE	COMPANY TWITTER ID	PRIMARY CONTACT (not published)
PRIMARY CONTACT EMAIL (not published)	TITLE (not published)	PRIMARY CONTACT PHONE (not published)

### 1. Exhibit Space Specifications:

- Tabletop booth** .....\$3,000  
*One 6'x30" skirted table, two side chairs, and one wastebasket*
- Double Tabletop booth** .....\$6,000  
*Two 6'x30" skirted tables, two side chairs, and one wastebasket.*

- » Available for purchase 3/1-4/30, while supplies last.
- » Double tabletops to be determined based on availability.

#### What's Included:

- Recognition in the on-site program, including company name, phone number, website, and booth number
- Inclusion in the exhibitor list on the TexMed 2024 website, providing exposure through Sept. 2024
- Two complimentary exhibitor registrations
- Complimentary pre-show and post-show attendee labels (upon request)
- Two complimentary exhibitor registrations (max).  
*Exhibitors must wear badge at all times*

### 2. Booth Choice: 1st 2nd 3rd

(Companies we desire to be away from)

### Calculate Your Total Investment

Booth Price (from No. 1).....\$ \_\_\_\_\_

+ Marketing Bundle (from No. 4) .....\$ \_\_\_\_\_

**TOTAL EXHIBITING INVESTMENT**.....\$ \_\_\_\_\_

Once the TexMed 2024 Exhibit Space Application and Contract is completed, you will be contacted by the TexMed Exhibit Hall Manager to process your application.

### 3. Contact Information

For the staffer who will receive all communication regarding your booth.

BOOTH CONTACT NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### 4. On-site Marketing Bundle Add-ons

- Package A** .....\$2,500  
*\$2,152 savings! Half-page Texas Medicine Ad, Banner Ad, Full-page Program Ad, Company Description, Expo Bingo with prize provided*
  - Package B** .....\$1,200  
*\$400 savings! Banner Ad, Half-page Program Ad, Company Description*
  - Package C** .....\$600  
*\$250 savings! Banner Ad, Company Description*
- A-la-Carte
- On-Site Program Ad Color**
    - Full-page** .....\$1,250
    - Half-page**.....\$750
  - Banner Ad** .....\$500
  - Company Description**.....\$350
  - Expo Bingo**.....\$1,000  
*Plus donated prize*
  - TMA Non-Member Surcharge** .....\$ 1,000

### Submit your payment

100% percent due with application .....\$ \_\_\_\_\_

#### If paying by credit card, please complete the following:

- VISA MasterCard AMEX Discover

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME (as it appears on card) \_\_\_\_\_ AMOUNT TO CHARGE \_\_\_\_\_

AUTHORIZED SIGNATURE (Checking the box serves as proof of signature.)

**FORTMA USE ONLY** (do not write in this space)

**Booth Assignment(s)**

Total Cost: .....	\$ _____	Check No/CC: .....	\$ _____
Paid in Full: .....	\$ _____	Date Received: .....	\$ _____
Deposit .....	\$ _____	Date Received: .....	\$ _____
		Check No/CC: .....	\$ _____

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Architectural Firm or Builder      | <input type="checkbox"/> Hospital/Clinic Insurance         | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Auto                               | <input type="checkbox"/> Lab/Testing                       | <input type="checkbox"/> Nutrition              |
| <input type="checkbox"/> Bank                               | <input type="checkbox"/> Legal Services                    | <input type="checkbox"/> Pharmaceuticals        |
| <input type="checkbox"/> Education/Books/Videos             | <input type="checkbox"/> Lifestyle                         | <input type="checkbox"/> Practice Management    |
| <input type="checkbox"/> Electronic Medical Records/Billing | <input type="checkbox"/> Medical Devices/Equipment         | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Financial Services/Investments     | <input type="checkbox"/> Medical                           | <input type="checkbox"/> Recruiting             |
| <input type="checkbox"/> Government                         | <input type="checkbox"/> Marketing/Web Design              | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Health Information Technology      | <input type="checkbox"/> Medical Practice Related Services |   |

**Terms and Conditions**

- In exchange for payment in full for the booth(s) contracted by the exhibitor, TMA will provide the following for each booth: One 6'x30" skirted table, two side chairs, and one waste basket. All equipment will be available through the official decorator on a rental basis. Exhibitors may provide their own equipment or furnishings. Individual charges for equipment and utilities will be made by the Convention Decorator or the agent for these services. **All utility needs are to be paid by the exhibitor.** The Texas Medical Association reserves the right to adjust booth assignments. \*Participating vendors who employ physicians that are not TMA members will receive a \$1,000.00 surcharge to this agreement.
- Although perimeter guard service is provided in the exhibition area during closed hours, neither TMA nor the facility assume responsibility for damage to, loss of, or theft of property of the exhibitors, or the exhibitors' agents, employees, or invitees.
- Booth space assignments will be made in the order the applications are received. Full payment is due with the application. In the event an exhibitor cancels exhibit space, 75 percent of the paid amount will be refunded to the company if TMA receives notice of cancellation by Feb 1, 2024, less the \$200 cancellation fee. After Feb. 1, 2024, but before April 1, 2024, 50 percent of the paid amount will be refunded. If cancellation occurs on or after April 1, 2024, booth rental payment(s) or deposit will not be refunded. All booth cancellations must be submitted in writing to TMA. No-shows are not eligible for refunds. The Texas Medical Association does not guarantee the number of attendees.
- All exhibits must be completely set up by 6 am on Friday, May 3, 2024. Tear-down begins at 1:30 pm Saturday, May 4, 2024. Your booth must remain fully staffed, and no displays are to be dismantled prior to 1:30 pm Saturday. If an exhibitor chooses to dismantle earlier than 1:30 pm, the exhibit manager has the right to fine the exhibitor and/or not allow the exhibitor to participate in future shows. TMA approves vendor categories of business/industries based on the fit of our shows. Highly aggressive sales tactics employed by retail vendors like LED skincare (facial and body), cosmetic products, handheld massagers, healing jewelry or similar products and services will not be approved to exhibit at TMA conferences and events. Any exhibitor representing these categories found on the exhibit floor after falsifying an application will be immediately dismissed without refund of fees paid. Exhibitor activities that interfere with normal traffic flow or infringe on other exhibits and/or networking and business meetings at TexMed are strictly prohibited and grounds for dismissal without a refund, including but not limited to attendance without wearing an exhibitor badge. As a non-partisan medical association, TexMed vendors with any political slant will not be permitted to exhibit.
- In the event TMA does not hold an on-site event, TMA agrees to return the cost of the on-site booth, and any on-site packages and add-ons selected.
- EXHIBITOR AGREES TO BE RESPONSIBLE FOR HIS/HER OWN PROPERTY. EXHIBITOR SHALL RELEASE AND HOLD HARMLESS AND INDEMNIFY THE TEXAS MEDICAL ASSOCIATION FROM ANY AND ALL CLAIMS, OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES, AND ASSESSMENTS, INCLUDING LEGAL FEES, THAT RESULT FROM AN ALLEGATION OF NEGLIGENCE ON THE PART OF THE EXHIBITOR OR THE TEXAS MEDICAL ASSOCIATION OR THIRD PARTIES IN THE USE OF THE EXHIBIT SPACE OR ACTIVITIES IN CONNECTION WITH THE USE OF EXHIBIT SPACE.**
- All claims or suits arising out of the application's acceptance or rejection shall be governed by the laws of the State of Texas, and any obligations arising out of the application's acceptance or rejection shall be considered as occurring in Travis County, Texas.
- The undersigned acknowledges receipt of and agrees to abide by the Regulations Governing Exhibits, as published by the association on the Texas Medical Association website, which regulations are considered to be part of the contract between exhibitor and the Texas Medical Association if this application is accepted by the Texas Medical Association. Acceptance of this application as a contract between the exhibitor and the Texas Medical Association will occur when signed by a Texas Medical Association representative. It is understood that all exhibit contracts are subject to review by the Board of Trustees of the Texas Medical Association. It is agreed that disapproval of an exhibit by the Board of Trustees of the Texas Medical Association will result in termination of the contract without penalty to either party.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(If submitting electronically, checking the box serves as proof of signature.)*

Company: \_\_\_\_\_

Texas Medical Association Representative Signature: \_\_\_\_\_

**Please complete and sign both pages. You may submit your application via email:**

✉ **E-MAIL**  
 belinda.bininger@texmed.org