



TO: 2012 Exhibitors

FROM: Florida Medical Manufacturers' Consortium, Inc.

RE: Invitation for Exhibitor Displays

The Florida Medical Manufacturers' Consortium, Inc. is pleased to invite your company to participate in the **2012 Florida Medical Device Symposium on April 30 – May 1, 2021 at the Hilton St. Petersburg Carillon Park in St. Petersburg, Florida.**

By being a exhibitor at the 2012 Florida Medical Device Symposium, you will not only gain exposure at the conference, you will also receive special benefits available only to exhibitors. Benefits range from promotion of your company, brand recognition, acknowledgement in the conference program and much more. A Vendor Agreement is enclosed for your review.

Forms should be returned to FMMC at P.O. Box 7683, Tallahassee, FL 32314-7683 or emailed to Info@FlaMedMfg.org

Should you need any additional information, please contact us by email or phone at (850) 270-3158. We look forward to working with you in St. Petersburg for the 2012 Florida Medical Device Symposium!



Florida Medical Manufacturers' Consortium, Inc.

□ *Linking technologies that save lives* □

Florida Medical Device Symposium
April 30 – May 1, 2012 * St. Petersburg, FL

Vendor Registration Form

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

FMFC Vendor Fee

Please contact FMFC to verify membership

Quantity: _____ Tabletop Display(s) @ \$899 for Members = \$ _____

Quantity: _____ Tabletop Display(s) @ \$1199 for Non-Members = \$ _____

Vendor Tabletop Display Fees - \$899 for Members / \$1199 for Non-Members

*Vendor to supply camera-ready artwork and logo by February 28, 2012 to be recognized in onsite materials

TOTAL AMOUNT DUE: \$ _____

Payment information (please check one)

_____ Check Enclosed. Please make checks payable to the FMFC. Check # _____

Credit Card Payment _____ Master Card _____ VISA _____ AMEX

Credit Card Number _____ Exp Date _____ Security Code* _____

**This is the 3 digit number that appears on the reverse of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.*

Cardholder Name _____ Signature _____

Billing Address and Phone Number if different from registration _____

Please make checks payable to Florida Medical Manufacturers' Consortium, Inc.

Please mail registration along with payment to FMFC, P.O. Box 7683, Tallahassee, FL 32314-7683.

Refund Policy: Written notification is required for all refunds and must be received by the FMFC office by Monday, March 7, 2012. Written refund requests received by March 7, 2012 will receive a 50% refund. No refunds will be issued after March 7, 2011.

Special Needs: Please call the FMFC office at (850) 270-3158 by March 7, 2012 if you require any special accommodations or assistance.

Questions? For more information on the FMFC Florida Medical Device Symposium and hotel accommodations visit the website at www.FlaMedMfg.org.

TERMS OF VENDOR AGREEMENT

1. AGREEMENT

The following terms shall become binding upon acceptance of this agreement between the applicant and his/her employees and the FMMC, the meeting and vendor host.

2. PUBLIC POLICY

Vendors are charged with knowledge of all ordinances and regulations pertaining to taxes, health prevention, customs and public safety while participating in this event. Compliance with such laws is mandatory for vendors and the responsibility of the vendor.

3. DISPLAY ASSIGNMENT

Vendor Tabletop Display space will be assigned based on the date contract is received with payment in full. In the case of multiple contracts received on the same date, priority will be given to those vendors who are also sponsors and to those who have previously displayed with FMMC.

4. DISMANTLING

No part of a display shall be removed during show hours. Displays must be kept intact until May 1, 2012 at 4:00 p.m. All displays must be dismantled and removed by May 1, 2012 at 5:30 p.m.; otherwise FMMC reserves the right to remove the display at the vendor's cost.

5. TABLETOP DISPLAY DIMENSIONS

Each display area is defined by the 6' x 6' x 30" table and two chairs as provided. The height of any part of the display may not exceed 8 feet from the floor, nor may the display come forward by more than 30".

6. USE OF DISPLAY SPACE

Vendors shall reflect their company's highest standards of professionalism while maintaining display space during display show hours. No vendor shall assign, sublet or share display space.

7. LITERATURE DISTRIBUTION

All literature must be distributed within the display space assigned. No materials may be placed on tables or chairs, attached to meeting space walls or ceilings, or left in public places or distributed in aisles, lounge areas or other vendor displays. Items found in these places will be disposed of without question.

8. DAMAGE TO PROPERTY

Vendors are liable for any damage caused to building, floors, walls, columns, or to standard display equipment or to other vendor's property.

9. CANCELLATION

No cancellation shall be acknowledged unless received by FMMC's St. Petersburg office in writing on or before March 7, 2012. Should a vendor wish to cancel by this date, a 50% refund will be made by FMMC; no refunds will be made for cancellations after March 7, 2012.

10. FIRE AND SAFETY REGULATIONS

All local regulations will be strictly enforced and the vendor assumes all responsibility for compliance with such regulations. Fire hose cabinets and fire exits must be left accessible and in full view at all times. All disposable materials and decorations must be flameproof and subject to inspections.

11. LIABILITY AND INSURANCE

Vendors are responsible for securing all necessary licenses or consents. Vendor agrees to indemnify, defend and hold FMMC harmless from and against any claim of liability and any incident or resulting loss, cost, or damage for failure to obtain these licenses or consents.

12. ELIGIBLE DISPLAYS

FMMC reserves the right to determine the eligibility of any company or products for inclusion in the meeting and reserves the right to reject, evict or prohibit any display in whole or in part, or any vendor, or his representatives, with or without giving cause.

13. NOISY AND OBNOXIOUS EQUIPMENT

The operation of whistles or any objectionable device will not be allowed.

14. VENDOR SALES TAX

Per Florida tax laws, this agreement prohibits the vendor from making or offering to make sales of taxable goods or services without obtaining an Annual Resale Certificate (Form DR-13) from the purchaser. For more information, contact the Florida Department of Revenue or visit www.myflorida.com/dor/taxes/trade_sut.html.

We understand that this agreement becomes a contract when signed by us and accepted by FMMC. We agree to abide by the conditions stated on this agreement.

Signature of Company Representative

Title

Date

Company _____

Florida Medical Manufacturers' Consortium, Inc. ▪ P.O. Box 7683 ▪ Tallahassee, FL 32314-7683
850.270.3158 ▪ 850.201.6966 Fax * info@flamedmfg.org



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Florida Medical Device Symposium Name Badge Request Form

One (1) registration for an on-site representative is included in your tabletop display package. If you have purchased more than one tabletop, you are allowed one (1) registration per tabletop. Additional registrations for on-site representatives are available for \$199 each. This form must be returned to the FMCC office no later than March 7, 2012.
(Please type or print clearly)

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

All representatives MUST wear a name badge to enter Display Hall.

Please print names exactly as they should appear on the name badge:

(Line 1 included with exhibitor registration fee)

1). _____ 5). _____

2). _____ 6). _____

3). _____ 7). _____

4). _____ 8). _____

Payment information (please check one)

_____ Check Enclosed. Please make checks payable to the FMCC. Check # _____

Credit Card Payment _____ Master Card _____ VISA _____ AMEX

Credit Card Number _____ Exp Date _____ Security Code* _____

**This is the 3 digit number that appears on the reverse of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.*

Cardholder Name _____ Signature _____

Billing Address and Phone Number if different from registration _____

***Please make checks payable to Florida Medical Manufacturers' Consortium, Inc.**

Authorized signature below indicates you have read and agree to the 'Name Badge Request Form' terms stated above:

Authorized signature Date

Please send this completed form and payment to the FMCC office at:

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