EXHIBITOR INFORMATION
April 1-3, 2016
Fogelman Conference Center
Memphis, TN

VENDOR INFORMATION

Exhibit fee: $500.00 per table
(includes 2 representatives participating in breaks)

Display Dates: Exhibits will display 8AM- 4PM
Friday, April 1st and Saturday, April 2nd

Location: Fogelman Executive Conference Center
330 Innovation Drive, Memphis, TN 38152

Participants: Physicians in Family Practice and Psychiatry; Nurses and Nurse Practitioners serving patients in the same specialty areas

Lodging: A block of rooms has been reserved at the University Holiday Inn Hotel, 3700 Central Avenue, Memphis TN 38152, (901) 678-8200, directly across from the Fogelman Executive Conference Center. The special conference rate is $119.00 single/double plus taxes. Please make your own reservations if overnight accommodations are needed and ask for group “University of Tennessee”. Special rates are available until March 17, 2016, or until the block is full, whichever occurs first. Once Holiday Inn’s block is full, Fogelman will be offered at $97.00 per room. Cancellations: No refunds will be given out after March 17, 2016.

Contact: If you need additional information, please contact:
Netia Watson
University of Tennessee Health Science Center
Department of Family Medicine
711 Jefferson Avenue, Suite 137
Memphis, TN 38105
Phone: (901) 448-6737 Fax: (901) 448-8006 E-mail: nwatson@uthsc.edu
Vendor Registration Form
April 1-2, 2016
Fogelman Conference Center
Memphis, TN

Primary Contact:

First Name __________________________ Last Name __________________________
Title ______________________________ Organization ______________________________
Work Address ______________________________________________________________
City _____________________________ State ____________ Zip ______________________
Work Tel ____/____/_______ Fax ____/____/_______ Toll-Free ____/____/_______
E-mail ____________________________ @ ______________________ (required to receive confirmation)

Name(s) of Representative(s) attending activity (two representatives included with Exhibit Fee):
First Name __________________________ Last Name __________________________
Title ______________________________ E-mail ____________________________@ ______________________
First Name __________________________ Last Name __________________________
Title ______________________________ E-mail ____________________________@ ______________________

Exhibit fee:
[ ] Full exhibit fee $500.00 x 1 (one) 8ft. table (2 days) Total _______
[ ] Single session exhibit fee $400.00 x 1 (one) 8ft. table Total _______
Please specify date for exhibit __________________________
Payment Total _______

Electrical Outlet Needed: _____ Yes _____No

Please make check payable to: UT Family Medicine

Return to: Marilyn G. Ward, CAP, Activity Coordinator
University of Tennessee Health Science Center
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Memphis, TN 38105
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