



ETHNIC PHYSICIAN LEADERSHIP SUMMIT

“The Benefits & Challenge of Health Care Reform”

Saturday & Sunday, September 17th-18th, 2011

Hilton Hotel - San Jose, CA

Exhibitors

Companies are invited to participate as Exhibitors for the Ethnic Physician Leadership Summit which provides an opportunity to display products and services to an expected audience of 175 physicians and other health care professionals.

Exhibit Fee and Benefits - \$3,000, Non-Profit - \$500

- Recognition of company as Exhibitor in printed materials, signage, and on our website, <http://www.ethnicphysicians.org>.
- One (1) display table for promotional use in a preferred location of the meeting's exhibit area.
- Free registration for two (2) company representatives. Registration includes Summit booklet and meals. Travel and hotel accommodations of company representatives and guests are not included.
- Company representatives invited to attend the Pre-Summit dinner with Summit faculty, speakers, and other exhibitors.

Exhibit Schedule

Set Up	Friday, September 16 th , 8:00 p.m. – 9:00 p.m. Saturday, September 17 th , 6:15 a.m. – 7:15 a.m.
Open	Saturday, September 17 th , 7:15 a.m. – 3:30 p.m. Sunday, September 18 th , 7:00 a.m. – 1:30 p.m.

Reservation Deadlines and Requirements

The signed Exhibitor Agreement Form must be received by Friday, August 26th, 2011 in order to reserve space in the exhibit area as well as place company logo in printed materials. Please print, complete, and return the form as instructed. Upon receipt of the completed agreement, we will send you information about registration of company representatives to the meeting.

Applications for exhibit space may be rejected if the program directors determine that the product or service does not relate to healthcare.



Staff Representatives

Companies will receive two (2) complimentary registrations to the Summit. Additional staff representatives will be required to register for the Summit at a cost of \$150 for each person unless the company is a community-based organization which the cost would be \$50 each person. Each registration includes attendance to the program and meals. Travel and hotel accommodations of company representatives are not included.

More Information

For additional information or questions about exhibitor opportunities, please contact Anna Gutiérrez, NEPO Project Assistant, at (916) 779-6627, or email agutierrez@thecmafoundation.org.

Addendum to Exhibitor Agreement

Thank you for considering the purchase of an Exhibitor's Booth at our upcoming Ethnic Physician Leadership Summit. Please take a moment to review the following:

1. The CMA Foundation acknowledges the exhibitor registration fee is solely for the purchase of exhibit space.
2. The exhibitor registration fee is required of all vendors participating in the exhibit.
3. Each of the costs subsidized by the fee is incremental to the exhibit space and is not for Foundation overhead.
4. Payment received for the exhibit is not intended to influence planning of any CE/CME activity or interfere with presentations at this conference.
5. In accordance with ACCME guidelines, no sales or marketing activity can take place in the educational space during, right before, or immediately after the conference.

This documentation is essential to the application process to provide CME Credit(s) for our physician attendees and is required from all exhibitors. Thank you for your cooperation!

Please print name: _____

Signature: _____

Organization: _____

Date: _____

2011 Ethnic Physician Leadership Summit

Exhibitor Information Form

The Benefits & Challenges of Health Care Reform

Saturday & Sunday, September 17th-18th, 2011

Thank you for your interest in the 2011 ETHNIC PHYSICIAN LEADERSHIP SUMMIT. As an exhibitor, you will help expand important programs and services to multicultural communities.

Exhibit Fees Levels: \$3000 \$500 – Non-Profit

2011 SUMMIT EXHIBITOR INFORMATION

Organization: _____

Contact Person's Name: _____ Title: _____

Phone #: _____ Fax #: _____

E-mail: _____

Person(s) attending Summit: _____

Address, City, State, Zip Code: _____

Will you be attending the Pre-Summit Dinner for Speakers, Moderators, Panel members, and Supporters on Friday, September 16th at 6:00 p.m.? _____ Bringing a Guest? Name _____

FEES AND PAYMENT

Please complete and return this form along with the Individual Registration Form(s) with the appropriate payment.

Return this form by:

Fax	Mail	E-mail
(916) 779-6663 Attention: Anna Gutiérrez	CMA Foundation Attn: Anna Gutiérrez 3835 North Freeway Blvd, Ste. 100 Sacramento, CA 95834	agutierrez@thecmafoundation.org

There are two (2) payment options for submission:

By Check – Send check made payable to: California Medical Association Foundation

By Credit Card – Complete this form with the requested credit card information below.

Total Amount Enclosed: \$3,000 \$500 – Non-Profit

Credit Card:



Account Number: _____

Exp. Date: _____ (mo/yr)

Cardholder's Name: _____

Card Security Code: _____

Billing Address: _____

** The Card Security Code is located on the back of your credit card and is a group of 3 digits to the right of the signature strip.*

Cardholder's Signature: _____



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Hilton Hotel, San Jose, CA

**Stay at the
Hilton San Jose Hotel
Only \$99+/night!!!**

**Registration
Deadline:
September 9th**

Individual Registration Form

* Exhibit Table Staff are required to complete this form *

Return this form by:

Fax	Mail	E-mail
(916) 779-6663 Attention: Anna Gutiérrez	CMA Foundation Attn: Anna Gutiérrez 3835 North Freeway Blvd, Ste. 100 Sacramento, CA 95834	agutierrez@thecmafoundation.org

Or Register Online at www.ethnicphysicians.org

First Name	Last Name	Title (MD, etc)	Medical License #
Organizational Affiliation/Business Name		Title / Specialty	
Mailing Address		City	State
Daytime Phone #	Fax #	E-mail	
Dietary preferences:			

In our efforts to save paper, instead of receiving a binder at the Summit, you can receive a CD.

Please choose your preference: CD Only Binder Only Both, Binder & CD

* Summit Presentations (binder materials) will be available on our website one month after Summit.

* Exhibitors are allowed to bring 2 staff members to attend their exhibit table. *

All others will need to pay the registration fee as a Summit Attendee and complete the fields below.

Registration Fees: \$50 – Physicians & Members of a Community-Based Organization
 \$25 – Medical Students \$150 – Other Attendees

If paying by Check, mail this registration form and check made payable to: California Medical Association Foundation

Please bill my:



Name (as it appears on credit card)	Amount of Transaction
Billing Address	City
Cardholder Signature	Card Number
	Expiration Date

* The Card Security Code is located on the back of your credit card and is a group of 3 digits to the right of the signature strip.

Card Security Code