



UNIVERSITY OF  
NEW ENGLAND  
College of Osteopathic Medicine

July 16, 2013

Dear Potential Exhibitor:

The University of New England College of Osteopathic Medicine announces the annual Premier Primary Care Fall Weekend Update October 11-13, 2013 on the Biddeford, Maine campus. It promises to be a well-attended and high-visibility event that will provide a unique opportunity for attendees and exhibitors alike to network and discuss an array of medical topics pertinent to today's physicians.

The Primary Care Fall Weekend Update attracts many physicians from Maine and the New England region. This year is a special reunion weekend so we expect over 75 physician attendees. We scheduled two full days of exhibits with exhibitor break time built into the program. Exhibitors can also increase their visibility by providing **grants and sponsorships** which will be acknowledged through a flyer in the attendee handouts, as well as prominently displayed on event posters and moderator announcements prior to each lecture.

The Exhibitor Prospectus is attached and includes the exhibitor agreement, registration form, and CME program agenda. We urge you to complete the paperwork and submit it no later than September 20, 2013.

**Please note:** It is very important that we receive the name, mailing address, email address and phone number of the representative(s) from your company who will actually be attending the conference so that we can provide personalized support and information.

**ACCOMMODATIONS:**

Please submit your Exhibitor Registration Form and Exhibitor Agreement to Suzanne Lavigne in the Department of Continuing Medical Education, University of New England College of Osteopathic Medicine, #318 Stella Maris, 11 Hills Beach Road, Biddeford, ME 04005. You may also fax your paperwork to (207) 602-5957 or email to [cme@une.edu](mailto:cme@une.edu). If you have questions, please call (207) 602-2589. If you would like to provide an educational grant, please call me at (207) 602-2125 or email at [dmerrill3@une.edu](mailto:dmerrill3@une.edu).

We hope to see you at the conference in October!

Kindest regards,

*Doreen*

Doreen Fournier Merrill, MSW  
Director, Continuing Medical Education



**2013 UNECOM Alumni Reunion and Fall CME Weekend**

**October 11-13, 2013**

**EXHIBITOR CONTRACT**

**\*\*\*Exhibitor Opportunity Friday & Saturday only\*\*\***

**Exhibit set-up: Friday, October 11, 2013 from 7:00 a.m. to 8:00 a.m.** Exhibits open at **8:00 a.m.**

**Exhibit breakdown** will be on **Saturday, October 12, 2013**. Anything left after **5 p.m.** on October 12th will be disposed of by UNE Facilities staff. The University of New England (UNE) accepts no responsibility for loss or damage to contents. The Exhibitor is responsible for any damage to UNE property. No signs or other articles may be affixed, nailed or otherwise attached to walls, decor, etc., in such a manner as to deface them. The University of New England does not assume any responsibility for destruction, loss of, or damage to the exhibitors' property from any cause. The exhibitor hereby agrees to assume all such risk relating to such property. The exhibitor agrees to indemnify and hold harmless the University of New England from and against any and all the users of its exhibit space.

**Exhibit consists of: One six-foot table, two chairs, and drape (to the floor) per booth.** There will be 110-volt electrical outlets provided by request (*Please request electricity on the attached form if needed*). If special connectors, receptors or extension cords are needed, we advise that you bring your own as such items may not be available. Data ports are not available in the Exhibit area. Actual placement of exhibits will be at the discretion of UNE Staff, or on a first come basis on the first day of the conference. Please contact the CME office if you have special requests or require special accommodation to exhibit at this meeting.

Specific instructions (location of exhibits, etc.) will be included in the Exhibit Confirmation Packet sent out after receipt of the completed Exhibitor Contract. If you wish to have materials sent to UNE, you may do so *no more than* three days prior to the exhibiting date, of October 11.

**Please mark the packages "Fall CME Weekend" and addressed to:**

University of New England College of Osteopathic Medicine  
Attn: Department of CME  
Stella Maris  
11 Hills Beach Road  
Biddeford, Maine 04005

Please note: UNE will not accept responsibility for loss or damage to contents.

*If due to unforeseeable circumstances (i.e. acts of God/nature, strikes, insufficient attendance, etc.) this event is cancelled, refund of exhibit fees will be issued. Cancellation or failure to appear after this contract is signed does not release your company from financial obligation. Therefore, there is no refund if cancellation occurs. All exhibitor fees are required by September 20, 2013, unless prior arrangements are made with the CME office.*

***Please initial here to indicate you agree to this clause. Signature is a requirement to reserve exhibitor space at this conference.*** \_\_\_\_\_

Please sign and return this contract to the **Department of Continuing Medical Education**, University of New England College of Osteopathic Medicine, Stella Maris, 11 Hills Beach Rd., Biddeford, ME 04005. Tel: (207) 602-2589.

It may be faxed to (207) 602-5957 or emailed to: [cme@une.edu](mailto:cme@une.edu). If returning by email, your name in bold font will signify that you have read and signed it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY OR AGENCY: \_\_\_\_\_ Daytime Tel #: \_\_\_\_\_



**EXHIBITOR REGISTRATION FORM**

*(Conference registration, breakfasts and lunches for Friday & Saturday for one representative is included in the fee)*

|                           |      |       |       |
|---------------------------|------|-------|-------|
| Company/Agency            |      |       |       |
| Street Address            |      |       |       |
| Department/Suite (if app) |      |       |       |
| City, State, ZIP          |      |       |       |
| Primary Contact           |      |       |       |
| Contact Phone(s)          | #1   | #2    | #3    |
| Contact FAX               |      |       |       |
| Contact Email Address     |      |       |       |
| On Site Rep(s)            | Name | Phone | Email |
|                           | #1   |       |       |
|                           | #2   |       |       |
|                           | #3   |       |       |

**[Signed Contract (ATTACHED) is required & must be included with this Registration Form]**

|  |          |   |
|--|----------|---|
| Add'l Rep Meal tickets (Fri & Sat breakfast & lunch) | Quantity | @ \$ 50.00 per person to be added to total. (To be paid when registration is submitted) |
|--|----------|---|

|                                   |   |  |
|-----------------------------------|---|--|
| FEES (check one)                  | Single Booth: \$600.00 (+ \$25.00 if you require an electrical outlet ___)                          | Double Booth: \$750.00 (+ \$25.00 if you require an electrical outlet ___) |
| PAYMENT METHOD                    | Check/MO (payable to UNE)   | Credit Card (complete information below)                                   |
| Cardholder Name                   |   |  |
| Credit Card Type                  | <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover | Exp: <input type="text"/> VIN #: <input type="text"/>                      |
| Credit Card Number                | Total Amount: \$ _____  |  |
| Cardholder Street Address and ZIP |   |  |

**ABOUT YOUR BOOTH: All booths are 6-ft table top, draped and skirted; booth assignments are made on a first-come basis. Setup time: Friday morning, 7:00 – 8:00 am. Exhibit removal required by 5:00 pm on Saturday.**

*Booth reservations are not guaranteed until UNE has received this form and payment. If you require an invoice to remit, please email [cme@une.edu](mailto:cme@une.edu) and one will be forwarded to you. **Please remit no later than September 20, 2013.***

**Send this form/payment to:** University of New England College of Osteopathic Medicine  
 Dept. of Continuing Medical Education  
 11 Hills Beach Road, Biddeford, ME 04005  
 Email to [cme@une.edu](mailto:cme@une.edu) or FAX to 207-602-5957  
 Tel: 207-602-2589  
 UNE's federal tax ID # is 01-0211810

*For additional sponsorship and grant opportunities, please contact Doreen Merrill, MSW at [dmerill3@une.edu](mailto:dmerill3@une.edu) or 207-602-2125.*