



Contract for Exhibitors
 2012 Midwinter CME Conference ♦
 February 19-23, 2012
 Copper Mountain Conference Center—
 Bighorn B

First Table: \$1,200 \$1250 G \$1350 P	Second Table: \$1,100 \$1,150 G \$1,250 P
Third Table: \$1,000 \$1,050 G \$2,000 P	Fourth Table: \$900 \$950 G \$1,000 P

First choice (s): # _____
 Second choice (s): # _____
 Third choice (s): # _____

- Please reserve: One 8' x 30" tabletop exhibit Two 8' x 30" tabletop exhibits
 Three tabletop exhibits Four tabletop exhibits
- All exhibits over 3 feet high will be placed along the wall
 - Space Selection is available on a first come, first pay basis

Our exhibit is higher than 3' high on the table top _____ . Please place us against the wall.

Company name: _____ Primary Contact _____
 Address: _____ Email: _____
 City, State, Zip _____ Phone: _____ Fax _____

REGISTER ONLINE! : www.coloradoDO.org

To reserve a booth space, a deposit of \$300 must be made at the time the contract is returned and full payment must be received by February 10, 2012. Payment of \$_____ is enclosed. Balance will be sent by ____/____/____.

Visa/MC/AMEX/DISC# _____ Expiration Date ____/____/____ Security Code _____

Name on Card _____ Signature _____

Address and phone number for Card Holder:

Name(s) of Reps Attending: _____

The exhibitor agrees to maintain their booth open and staffed during the specified times on Sunday, Monday, and Tuesday.

Hold Harmless Clause: The exhibiting company assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to the exhibitor's display, equipment, and other property brought upon the premises of the Copper Mountain Resort and shall indemnify and hold harmless the hotel, agents, employees and the Colorado Society of Osteopathic Medicine from any and all such losses, damages, and claims. In addition, the exhibiting company assumes the entire responsibility and liability for any personal injury or injuries, which may occur to any exhibiting company's employee during the conference at the Copper Mountain Resort and shall indemnify and hold harmless the Colorado Society of Osteopathic Medicine and the Copper Mountain Resort from any such injury.

By signing this form you agree to comply with all CSOM rules and regulations outlined in this prospectus.

Authorizing signature _____ Phone _____

Please return application for exhibit space along with payment to:

Deidre McGee, Membership & Events Coordinator
 Colorado Society of Osteopathic Medicine
 8401 S. Chambers Road
 Parker, CO 80134
 Phone: (303) 322-1752 Fax: (303) 322-1956
 Tax ID #84-0460141