



OHIO  
FOOT AND ANKLE MEDICAL  
FOUNDATION

# 2018 EXHIBIT BOOTH REGISTRATION

## The 102nd Annual Ohio Foot and Ankle Scientific Seminar

COMPANY INFORMATION

Company Name: \_\_\_\_\_ Service/Product: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Website: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Email Address for Post-Show List: \_\_\_\_\_

Company Contact Information for Exhibitor Directory (name, address, phone, email): \_\_\_\_\_

Brief description of product(s)/service(s) to be exhibited. Information may appear in marketing materials and handouts.

(25 words maximum): \_\_\_\_\_

How did you learn about this event? \_\_\_\_\_

Companies to be close to or far from: \_\_\_\_\_

SIGN

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS AUTHORIZED TO CONTRACT IN THE NAME OF THE EXHIBITING COMPANY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

PAYMENT

☐ Premium Booth (10'x8'), location outside of lecture hall - *limit 6:*  
*Before* April 11, 2018: \$2,000 *After* April 11, 2018: \$2,250

☐ Standard Booth (10'x6'), location in Easton Ballroom - Exhibit Hall:  
*Before* April 11, 2018: \$1,000 *After* April 11, 2018: \$1,250

☐ Door Prize Donation for *Friday's Marketplace Luncheon*. List the item to be dropped off at the registration desk during the seminar): \_\_\_\_\_

☐ Prize Donation for *Thursday's Resident Scientific Paper and Poster Competition* (may be cash prize, gift card or company product). List item to be dropped off at the registration desk during the seminar): \_\_\_\_\_

Representative 1: \_\_\_\_\_ Representative 2: \_\_\_\_\_

Additional Name Tags \$35/each: 1: \_\_\_\_\_ 2: \_\_\_\_\_

I will be paying by: ☐ Check ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\$ \_\_\_\_\_ (Booth) + \$ \_\_\_\_\_ (Additional Name Tags \$35 each — 2 exhibitor name tags issued per booth)

+ \$ \_\_\_\_\_ (Pre-Seminar Registration List \$40 if applicable for non-sponsors/prize donors = **Total** \_\_\_\_\_

MAIL to OFAMF: 1960 Bethel Road, Suite 140, Columbus, OH 43220 or FAX to (614) 457-3375  
Questions? Call (614) 457-6269 or email [Iridolfo@ohfama.org](mailto:Iridolfo@ohfama.org)