



**Exhibitor Registration Form**  
**One Day CME Events**

On behalf of the Michigan State University College of Osteopathic Medicine, I would like to invite you to participate as an exhibitor at one of our upcoming continuing medical education conferences. We strive to make these conferences a rewarding experience for you and your company!

As an exhibitor, a 6-foot table with linen will be provided to display your company's information. Exhibitors will be recognized in the conference materials and will be provided meals along with the participants. You are also invited to attend the CME accredited sessions as an observer and please remember that all exhibit materials and giveaways must be kept at your table. Morning, afternoon, and lunch breaks are scheduled to allow time for attendees to visit the exhibitor area and talk with you. A more detailed list of exhibitor hours and lodging information will be provided closer to the date of the activity.

Attached is an exhibitor agreement form to complete and return with your payment made payable to Michigan State University to:

Michigan State University College of Osteopathic Medicine - CME  
965 Wilson Road, Room A306  
East Lansing, MI 48824

Please make sure that the Exhibitor Agreement Form is included with your payment, and that the name of the conference is in the check memo so that we can ensure it is directed to the appropriate conference fund.

The MSUCOM Tax ID Number is 38-6005984. You may also enter payment online at [www.com.msu.edu/cme](http://www.com.msu.edu/cme). Click "exhibiting opportunities" located towards the bottom of the page in the menu on the right side, then select which conference you are interested in.

We are excited to offer quality CME programs and thank you in advance for your consideration! If you should have any questions, please let me know. I look forward to hearing from you.

Sincerely,

Meghan Tappy  
Director, Continuing Medical Education

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Please complete and return to [tappymeg@msu.edu](mailto:tappymeg@msu.edu) or fax 517-432-9873

Company Name:

Contact Person:

Address/City/State/Zip Code:

Phone #:

Email:

Name of Representative(s) on site:

- Booth fee- \$600
- Gold Support- \$1,000 (includes prime booth location, program acknowledgement)
- Meals- \$500 (Continental Breakfast, Breaks, Lunch)

**Thank you for your support!**