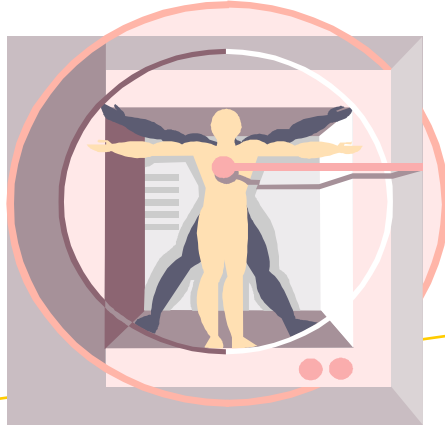


*Cleveland Academy of
Osteopathic Medicine*



Exhibitor Opportunity Packet

Exhibit at the
20th Annual West Side Seminar

Accredited CME Program for Osteopathic Physicians through
the American Osteopathic Association.
Chris Loyke, D.O., Program Chair

**100 osteopathic physicians and physicians in training
attend this program**

Saturday, September 19 2009
La Centre, Westlake Ohio

PLEASE READ ALL INFORMATION CAREFULLY

*Cleveland Academy of Osteopathic Medicine
4000 Warrensville Center Rd, Cleveland OH 44122
Phone: 216.595.0655 Fax: 216.595.1925
Email: caomed@sbcglobal.net*

SEMINAR EXHIBITOR BROCHURE

The Cleveland Academy of Osteopathic Medicine (CAOM) cordially invites your participation as an exhibitor at our 20th Annual West Side Seminar on Saturday, September 19, 2009 at LaCentre, Westlake, Ohio. Chris Loyke, D.O. and Gary Dinger, D.O. will serve as the program chairs for this event.

ASSIGNMENT OF SPACE

Twenty booths are available. Each booth measures 6' by 3' and has a draped table and chairs. Security and janitorial services also will be provided.

Booth space is assigned on a first-come, first-served basis.

Exhibit fees includes two luncheon tickets per booth, continental breakfast, breaks and cocktail reception.

Companies with more than one division should purchase one table per division.

FEES

The fee to exhibit is \$600.

The fee will be reduced according to the following schedule:

- √ Fees will be reduced by \$300 for sponsorship of either of the continental breakfasts, morning break , AV or lunch.
- √ Multiple table fees: First table fee will be \$600. Up to three additional tables will be charged at \$300. More than four additional tables will be charged at \$200. These reduced fees were designed for larger companies with multiple divisions.

Any company who sponsors a speaker must exhibit or pay the exhibit fee according to the fee schedule listed above.

Please complete the enclosed application for exhibit space. Return completed form along with a deposit or other arrangements to: CAOM, 4000 Warrensville Center Rd, Beachwood, OH 44121, or fax 216.595.1925. Booth reservations will not be taken until the application is received at our office

Payment in full must be received no later than **August 20, 2009**, unless special arrangements have been made through the Academy office.

CANCELLATION POLICY

All cancellation requests must be made in writing; Reservations canceled between Jul. 3-Aug. 29, 2009, receive a 50-percent refund; No refunds for cancellations received after August 30, 2008.

BOOTH REGULATIONS

Exchange or transfer of booth assignments will not be allowed without full permission from CAOM.

Booths must be staffed at all times during the exhibit hours.

EXHIBITION TIME SCHEDULE

Saturday, September 19, 2009
6:00 A.M.—7:30 A.M.

Exhibit Set-up

Saturday, September 19, 2009
7:30 A.M.—4:15 P.M.

Exhibits Open

Cleveland Academy of Osteopathic Medicine
20th Annual West Side Seminar
Application/Contract for Exhibit Space
Saturday, September 19, 2009, LaCentre, Westlake Ohio

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ VM: _____

Email: _____

Signature: _____ Date: _____

Type of Business/Product/Division: _____

List companies by which you do not want to be located next to: _____

Please indicate your preference to support the 20th Annual West Side Seminar:

- Exhibit Only**
 Exhibit and provide an Unrestricted Educational Grant for the program, sponsor the morning continental breakfast, sponsor the mid-morning break or sponsor lunch. (Please see brochure details).

Booth reservation should be accompanied by deposit unless other arrangements have been made with the Academy office

CAOM Tax Identification Number: 34-6572708

Checks may be made payable to CAOM.

Method of Payment: Check MasterCard Visa Discover

Credit Card Number: _____ **Exp.** _____

Signature: _____ **Billing Zip Code** _____

Total Amount Enclosed: _____

Return this form with payment to: The Cleveland Academy of Osteopathic Medicine (CAOM) ▲ 4000 Warrensville Center Rd Cleveland, Ohio 44122▲ Phone: 216/595-0655 ▲Fax: 216/595-1925 ▲ Email: caomed@sbcglobal.net

Condition of Contract:

We are enclosing with this application \$200 of the full payment for each booth requested. We agree to pay the remaining balance by August 20, 2009. We understand no Booth assignments will be made without a deposit. We understand that failure to remit these fees and completed application/contract will result in cancellation of our booth assignment. We also agree to abide by the general rules and terms of the exhibition including cancellation policy and all requirements, restrictions and obligations mentioned

Strength in Numbers

106 RX: prescriptions are written by osteopathic family physicians per week

92: patients are seen by osteopathic family physicians per week

100 osteopathic physicians and physicians in training attend the seminar

What should you Exhibit?

Osteopathic physicians make up 50% of family physicians in Ohio

Pharmaceutical information

Personal Contact with knowledgeable exhibit personnel

Computer equipment/programs

Homeopathic/Preventive/Nutritional Products and information

Products that make practicing medicine enjoyable

Increase your companies visibility through these SPONSORSHIP OPPORTUNITIES

Sponsoring Continental Breakfast (\$900)

Sponsoring Morning Break (\$600)

Sponsoring Lunch (\$1200)

Sponsoring AV (\$500)

Providing an Unrestricted Grant for the Program

Hosting a Meal or Refreshment Break

Underwriting Printing/Postage/Promotion Costs

Donating Attendance Prizes

If you are interested please call Stacy at 216.595.0655.

All sponsorship opportunities are suggestions only. Exhibit booth is included with any sponsorship of the breaks or lunch. If you have another idea please let us know!