



# Nationwide Children's Hospital

Interprofessional Education and Conferencing  
 Conference Center, Second Floor  
 520 Butterfly Gardens Drive, Columbus, Ohio 43215  
 Phone - 614.355.0650  
 Fax - 614.355.0670

[www.NationwideChildrens.org](http://www.NationwideChildrens.org)

## 2022 Sports Medicine and Orthopedics Conference

**Location:** [Nationwide Children's Conference Center](#)

**Date:** Friday, November 18, 2022

**Exhibitor Setup Time:** Exhibitors may begin to set-up as early as 6:45 am on Friday, November 18, 2022

**Nationwide Children's Hospital Conference Contact:** [Julia Muehl, Education Event Specialist 614-355-0560](#) or [Julia.Muehl@nationwidechildrens.org](mailto:Julia.Muehl@nationwidechildrens.org)

### Application for Exhibit Space

Please TYPE or PRINT and return a signed copy to Nationwide Children's Hospital no later than **October 28, 2022**

<b>Company Name</b>		
Address		
City	State/Country	Zip Code
Phone	Web site	
Contact Name	E-mail (Required)	
Contact Title		
<b>Contact Information (if different than company information)</b>		
Address		
City	State/Country	Zip Code
Phone (Required)	E-mail (Required)	
Authorized by (print name)		
Title		
Signature	Date	
<b>Exhibitor/Sponsorship Level:</b>		
<input type="checkbox"/> <b>For-profit Vendor Exhibitor Level- \$600</b> <ul style="list-style-type: none"> <li>• One 6' x 2.5' table</li> <li>• 1 slide for virtual audience</li> <li>• 1 Representative</li> </ul>		
<input type="checkbox"/> <b>Non- Profit Vendor Exhibitor Level- \$300</b> <ul style="list-style-type: none"> <li>• One 6' x 2.5' table</li> <li>• 1 slide for virtual audience</li> <li>• 1 Representative</li> </ul>		

**NCH Exhibitor- \$75**

- One 6' x 2.5' table
- 1 slide for virtual audience
- 1 Representative

Will you have more than one exhibitor representative?  Yes  No

Qty: \$65 per each additional representative: \_\_\_\_\_ Representative(s) x \$65 = \$ \_\_\_\_\_

Rep #1 Name: (included) \_\_\_\_\_ Representative #2 Name: \_\_\_\_\_

Representative #3 Name: \_\_\_\_\_ Representative #4 Name: \_\_\_\_\_

**Total Amount Due** in U.S. Funds = \$ \_\_\_\_\_

Will you distribute literature?  Yes  No Brief Product Description (**Required**):

**Special Note(s):**

**Payment Information – Thank you for your interest. The conference planning committee will review your application and payment details will be sent with an official invitation.**

Once you receive an official invitation from the conference planning committee:

- 1) Register and pay by credit card through CloudCME
- 2) Pay by check made payable to **Nationwide Children's Hospital** Reference: *Conference name* must accompany this application/contract. Applications received without payment will not be assigned space.

**(E)Mail Completed Forms To:**

[Julia.Muehl@NationwideChildrens.org](mailto:Julia.Muehl@NationwideChildrens.org) or mail to

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Attn: Julia Muehl, Interprofessional Education and Conferencing