



INDIANA CHAPTER

American College of Emergency Physicians
PO Box 17136, Indianapolis, IN 46217

Phone: (317) 455-3335
Email: cindy@inacep.org

EXHIBITOR AND SPONSORSHIP REGISTRATION FORM - **ON LINE REGISTRATION IS OPEN**

The **51st Annual Indiana ACEP Emergency Medicine Conference** is scheduled for
April 13, 2023 at the **NCAA Hall of Champions and Conference Center**
700 W. Washington St., Indianapolis, IN 46204

We invite you to exhibit your products and services
Wednesday April 13, 2023.

We expect an attendance of over 80 Emergency Physicians, Nurses, PA's & Paramedics at this event.
Here is what you need to know.

- 1) Exhibit Hours are 10:30am – 3:15pm. The scheduled breaks are:
 - a. 10:30am - 10:45am
 - b. 11:45am - 1:00pm
 - c. 3:00pm - 3:15pm
- 2) Vendor space will be adjacent to the lecture area on the facility's first floor.
- 3) Blocks of hotel rooms are available for Tuesday evening, April 12, 2023, on an as available basis.

JW Marriott Standard room with one king or two queen beds \$219+
10 S. West Street, Indianapolis, Indiana

SpringHill Standard room with one king or two queen beds \$190+
Suites 601 W. Washington Street, Indianapolis, Indiana

Link to room block: <https://book.passkey.com/go/INChapterAMCollegeofEMP>

Deadline for Hotel Reservations is March 22, 2023

Please respond as early as possible. The exhibit area will hold **18 exhibitors** which we will assign on a **first come, first served** basis. **Deadline for Exhibitor Registration is March 30, 2023** or earlier if we reach our 18 exhibitor limit sooner.

There are also sponsorship opportunities available for increased exposure at the conference. **CME guidelines do not allow us to provide complimentary exhibit tables with sponsorships.** For any sponsorship of \$500.00 to \$1499.99, your name will appear in our printed material as a "Blue Level" sponsor. For an amount of \$1500.00 or over (considered a grant), - your name will appear in our printed material as a "Gold Level" sponsor. Sponsors will be acknowledged to our entire membership in our newsletter, the EMPulse.

If you need any additional information, please e-mail Cindy Kirchhofer at: cindy@inacep.org or call 317-455-3335.

To register online: <https://inacep.org/sponsor-exhibitor-registration/>

If you would rather register by check, please choose one of the three Registration forms enclosed: (ie; Exhibitor only, Sponsor only or Both) and return, along with check to us. Thank you!

Sincerely,
Cindy Kirchhofer, Executive Director – INACEP

EXHIBITOR ONLY REGISTRATION FORM -

Deadline is March 30 **OR SOONER** if our 18 vendor limit is met sooner

**51st Annual Indiana ACEP Post Graduate Course in Emergency Medicine
NCAA Hall of Champions and Conference Center at
700 W. Washington St., Indianapolis, IN 46204**

EXHIBIT HOURS ARE 10:30am - 3:15pm

Company Name: _____
please type it exactly how you want it to appear in our advertising

Contact Name: _____
this is the person that will receive all further information regarding set-up times, etc.

Contact Address: _____

Contact City, State, Zip: _____

Contact Phone: _____

Contact E-Mail: _____

Company Type:

- ☐ billing
- ☐ insurance
- ☐ pharmaceutical
- ☐ medical devices
- ☐ recruiting
- ☐ other - please explain

Attendee 1: _____

Attendee 2: _____

Booth Cost: (Booth is a 6 foot x 2 foot skirted table & 2 chairs)	\$500.00	<input type="checkbox"/>
Do you need electricity?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Cost With Electricity	<u>\$550.00</u>	<input type="checkbox"/>

TOTAL COST: _____

Send registration & check to:

Indiana ACEP
PO Box 17136
Indianapolis, IN 46217

For credit card payments, register online: inacep.org
or use embedded payment links above

ONLINE REGISTRATION IS OPEN

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Contact City, State, Zip: _____

Contact Phone: _____

Contact E-Mail: _____

Company Type:

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- ☐ insurance
- ☐ pharmaceutical
- ☐ medical devices
- ☐ recruiting
- ☐ other - please explain

I would like to sponsor the following event (s):

Continental Breakfast	\$1500.00	<input type="checkbox"/>
Morning Break	\$500.00	<input type="checkbox"/>
Luncheon	\$2000.00	<input type="checkbox"/>
Afternoon Break	\$500.00	<input type="checkbox"/>
Support of Speakers & Residents Attendance*	\$500.00	<input type="checkbox"/>

TOTAL: _____

*several opportunities available

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