



1501 Twilight Trail  
Frankfort, KY 40601  
502-223-5322 (office)  
502-223-4937 (fax)  
[www.kypma.org](http://www.kypma.org)  
[info@kypma.org](mailto:info@kypma.org)

Dear Exhibitor:

The Kentucky Podiatric Medical Association would like to invite you to participate in our 2010 Scientific Conference and Exhibition to be held April 23-25, 2010 at the Belterra Resort in Belterra, IN. **85% of all active Podiatric Physicians in Kentucky attend this conference.**

Each morning, a continental breakfast will be served for all attendees in the Exhibit Area. In addition, all coffee/snack breaks will be held in the Exhibit Area. The fee for a standard exhibit is \$1,000.00 and includes one-6' draped table and two chairs. Space is limited, so please return your registration form as soon as possible to arrange your exhibit space. The show has sold out each of the previous five years.

The Association is also extending the opportunity for you to sponsor various functions during the conference. Enclosed you will find a sponsorship opportunity form. Of course, these opportunities would include an exhibit and several opportunities for extra signage.

You may also provide an unrestricted educational grant to aid with the costs of providing speakers for the event. With this sponsorship your company will receive a complimentary exhibit booth, signage at the sponsored event and recognition in the program. If you wish to take advantage of any of these opportunities, please call the Association Office at 502-223-5322.

Since exhibit spaces are limited, please complete the registration form enclosed and return with your remittance **NO LATER THAN APRIL 1, 2010.**

Overnight accommodations must be handled directly with the hotel. The conference rate is \$110 plus tax per night, plus \$20 for each additional guest per night. You may make reservations by calling 1-888-235-8377, please identify yourself as a member of the Kentucky Podiatric Medical Association to receive the special group rate. **You must make your reservation no later than April 1, 2010.**

If you have any questions please feel to call me at the Association Office at 502-223-5322. Please make checks payable to the Kentucky Podiatric Medical Association. Our **Tax ID Number is 61-1075602.** We look forward to seeing you at Belterra!

Sincerely,

Angela Underwood  
Education Coordinator

**KENTUCKY PODIATRIC MEDICAL ASSOCIATION  
2010 CONFERENCE & EXHIBITION  
April 23-25, 2010  
Belterra Resort, Belterra, IN**

**EXHIBIT REGISTRATION FORM**

We wish to reserve \_\_\_\_\_ exhibit space(s) at \$1,000.00 per table.  
*All applications for space(s) must be accompanied by credit card or check made payable to KPMA for the full amount for the space(s) desired. Our Tax I.D. number is: 61-1075602.*

FIRM NAME \_\_\_\_\_

ON-SITE REPRESENTATIVES \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_ **Charge my Credit Card (MC/Visa/AMEX)**

Card # \_\_\_\_\_ Exp \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**RULES GOVERNING EXHIBITS**

**Set-up Hours:** Exhibitors may set their exhibits up after **6:00 pm on Thursday, April 22, 2010**. Exhibitors may dismantle on **Saturday April 24, 2010 after 12:00 pm** and all materials must be removed from the area by **3:00 p.m.**

**Description of Exhibit:** Exhibits will be open from approximately 8:00 a.m. to 5:30 p.m. on Friday, April 23; and 8:00 a.m. to 12:00 p.m. on Saturday, April 24. Specific exhibit breaks will be scheduled as part of the program. A final program will be posted to [www.kypma.org](http://www.kypma.org) once it is finalized. Each exhibitor will receive a 6-foot draped table and two chairs.

**Arrangements for Special Equipment:** Any electrical, Internet, or shipping requirements must be handled directly with the hotel. You may contact Belterra Resort at 1-888-235-8377 **BEFORE April 1, 2010**.

**Cancellation Policy:** If you have to cancel for any reason we will take your written letter explaining why you have to cancel to our board meeting at the conference. Each refund decision will be on an individual basis. There will be a minimum \$50 processing fee.

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**PLEASE RETURN THIS FORM WITH REMITTANCE TO:  
KY PODIATRIC MEDICAL ASSOCIATION  
ATTN: 2010 CONFERENCE EXHIBITS  
1501 TWILIGHT TRAIL  
FRANKFORT, KY 40601  
502-223-5322 office  
502-223-4937 fax**

***Sponsorship Opportunities for the  
KY Podiatric Medical Association  
2010 Scientific Meeting***

All sponsorships include recognition in program, signage at event, one exhibit table, and priority location in exhibit hall.

Luncheon Sponsor (Thursday or Friday)	\$ 2,500
Breakfast Sponsor (Sunday) plated	\$ 2,000
Awards Reception Sponsor	\$ 2,000
Continental Breakfast Sponsor (Friday or Saturday) <i>Does not include lecture</i>	\$ 1,500
Refreshment Break Sponsor (Friday or Saturday) <i>Does not include lecture</i>	\$ 1,500

**KENTUCKY PODIATRIC MEDICAL ASSOCIATION  
2010 CONFERENCE & EXHIBITION  
April 23-25, 2010  
Belterra Resort, Belterra, IN**

**SPONSORSHIP APPLICATION FORM**

**Please indicate below which event your company would like to sponsor.** Sponsorships are awarded on a first come first serve basis. All applications must be accompanied by payment credit card or check made payable to KPMA for the full amount for the full amount. Our **Tax I.D. number is: 61-1075602.**

_____	Lunch Friday	\$2500
_____	Lunch Saturday	\$2500
_____	Presidential Awards Reception	\$2000
_____	Plated Breakfast Sunday	\$2000
_____	Continental Breakfast (Fri or Sat)	\$1500
_____	Refreshment Break (Fri or Sat)	\$1500

FIRM NAME \_\_\_\_\_

ON-SITE REPRESENTATIVES \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_ **Charge my Credit Card (MC/Visa)**  
Card # \_\_\_\_\_ Exp \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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**PLEASE RETURN THIS FORM WITH REMITTANCE TO:  
KY PODIATRIC MEDICAL ASSOCIATION  
ATTN: 2010 SPONSORSHIPS  
1501 TWILIGHT TRAIL  
FRANKFORT, KY 40601**

502-223-4937 fax  
502-223-5322 office

**Exhibit set-up information can be obtained at [www.kypma.org](http://www.kypma.org).**