



1501 Twilight Trail * Frankfort, KY 40601
502-223-5322 (office) * 502-223-4937 (fax)
www.kypma.org * info@kypma.org

Dear Exhibitor:

The Kentucky Podiatric Medical Association would like to invite you to participate in our 2012 Scientific Conference and Exhibition to be held April 20 – 22, 2012 at the Galt House Hotel in Louisville, KY. We will once again be having this meeting in conjunction with Thunder Over Louisville. When we did this in 2009 it was a sellout event. This year we will have an even better view. The Galt House Hotel is home to Thunder!

A **Premier Exhibit Package** is available. This package includes preferred display placement, program and signage acknowledgement, and one ticket to our special “Thunder Over Louisville” private event with our physicians for Saturday afternoon and evening. “Thunder Over Louisville” is the largest fireworks show in North America and includes a fantastic air show. KPMA has VIP private viewing in two apartments located in the Galt House Hotel, facing the Ohio River. **A limited number of these packages is available for \$1,500 and they will go quickly.** Call the KPMA Office to find out more about this exclusive marketing opportunity.

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. 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.

Exhibit spaces are limited! Please complete the registration form and return with your remittance **NO LATER THAN March 16, 2012.**

Overnight accommodations must be handled directly with the hotel. **Galt House Hotel & Suites (Rates: Thursday, April 19, 2012 - Rivue Tower (non-view rooms) \$99 or Suite Tower (non-view rooms) \$114 - all rooms are single/double/triple/quad occupancy; Friday, April 20, 2012 and Saturday, April 21, 2012 - Rivue Tower (non-view rooms) \$212.50 or Suite Tower (non-view rooms) \$237.50).** You must book your hotel reservations by March 15, 2012 to receive the discounted rate for the conference. **This hotel is the Thunder Over Louisville headquarters - if you do not book your rooms early there will not be a room at this hotel.** You can go to the www.kypma.org website and click the Booking link or call the hotel at 502-589-5200.

If you have any questions, please feel free to call me at the Association Office at (502) 223-5322. **Please make checks payable to the Kentucky Podiatric Medical Association.** Our Tax I.D. number is: 61-1075602.

Sincerely,

Angela Underwood

Angela Underwood
Education Coordinator

**KENTUCKY PODIATRIC MEDICAL ASSOCIATION
2012 CONFERENCE & EXHIBITION
April 20 – 22, 2012
Galt House Hotel, Louisville, KY**

EXHIBIT REGISTRATION FORM

We wish to reserve ____ Premier Exhibit Package at \$1,500.00.

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: _____ 3/4 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 19, 2012.** Exhibitors may dismantle on **Saturday April 21, 2012 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 20; and 8:00 a.m. to 12:00 p.m. on Saturday, April 21. Specific exhibit breaks will be scheduled as part of the program. A final program will be posted to 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 Brad Knapp at the Galt House Hotel at (502) 561-4027 **BEFORE April 1, 2012.**

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.

**PLEASE RETURN THIS FORM WITH REMITTANCE TO:
KY PODIATRIC MEDICAL ASSOCIATION
ATTN: 2012 CONFERENCE EXHIBITS
1501 TWILIGHT TRAIL
FRANKFORT, KY 40601
502-223-5322 office * 502-223-4937 fax**

**KENTUCKY PODIATRIC MEDICAL ASSOCIATION
2012 CONFERENCE & EXHIBITION
April 20 – 22, 2012
Galt House Hotel, Louisville, KY**

SPONSORSHIP APPLICATION FORM

Please indicate below which event your company would like to sponsor. These sponsorships include the Premier Exhibit Package and participation in "Thunder Over Louisville." 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	\$3000
_____	Lunch Saturday	\$3000
_____	Presidential Awards Reception	\$3000
_____	Plated Breakfast Sunday	\$3000

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: _____ 3/4 Digit Security Code: _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

Authorized Signature: _____

**PLEASE RETURN THIS FORM WITH REMITTANCE TO:
KY PODIATRIC MEDICAL ASSOCIATION
ATTN: 2012 SPONSORSHIPS
1501 TWILIGHT TRAIL
FRANKFORT, KY 40601
502-223-5322 office * 502-223-4937 fax**

Exhibit set-up information can be obtained at www.kypma.org



EXHIBITION FORM PRICE/ORDER FORM

(All prices are subject to 22% service charge and 6% tax)

ELECTRICAL POWER:

Quantity	Description	Event Rate	Extended Cost
<u>120 Volts Service</u>			
_____	20 Amp	\$75.00++	_____
<u>208 Volts Single Phase Service</u>			
_____	50 Amp	\$300.00++	_____
_____	100 Amp	\$450.00++	_____
<u>208 Volts Three Phase Service</u>			
_____	50 Amp	\$350.00++	_____
_____	100 Amp	\$550.00++	_____
_____	200 Amp	\$1100.00++	_____
_____	400 Amp	\$1400.00++	_____
<i>All prices per event, subject to change</i>			
_____	Extension Cords	\$10.00++	_____
_____	Power Strips	\$10.00++	_____

GALT HOUSE HIGH SPEED INTERNET ACCESS:

Individual PC ~ Daily connection for one (1) PC at \$150.00++/per day (wired or wireless)
One-time PC set-up fee for above connections at \$50.00/each
 Additional PC ~ (2 or more) in same room at \$60.00++/per day

For additional information regarding Cyber Café, Network Solutions, etc. speak with your Convention Services Manager

TELEPHONE LINE(S):

Additional House Phone at \$35.00++/each*
 Direct Inward Dial Phone Line at \$150.00++/each*

*Fee is a one-time set-up fee per line

SECURITY:

Unarmed, Uniformed Officer at \$25.00++/per hour (4 hour minimum)
 Armed, Uniformed Officer at \$40.00++/per hour (4 hour minimum)

*Unarmed, Uniformed Officer requests are as follows, billed at \$25.00++/per hour, (4) four hours minimum, per shift, for fire-watch and/or security.
 Armed Uniformed Officer, billed at \$40.00++/per hour, (4) four hours minimum, per shift.

22% Service Charge: _____

6% Tax: _____

TOTAL: _____

CONFERENCE ATTENDING: _____

DATES: _____

GUEST NAME: _____

COMPANY NAME: _____ BOOTH# _____ (if available)

ADDRESS: _____

PHONE: _____ FAX: _____

CREDIT CARD TYPE: _____ NUMBER: _____ EXP. DATE _____

NAME LISTED ON CARD: _____ SIGNATURE: _____

Please sign and return completed forms as follows:

1. FAX – 502-568-3470 ATTN: Convention Services
 2. Signed form scanned and sent via email attachment to your Convention Services Manager
 3. MAIL: Galt House Hotel & Suites, Attn: Convention Services, 140 N. Fourth Street, Louisville, KY 40202
- Thank You