



## Application for Exhibit Space for 2025 Fall Conference

Exhibiting Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

*Personnel who should receive exhibit confirmation materials; please note that all materials will be sent via email ONLY.*

Primary Contact Email (required) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Description of Product/Service \_\_\_\_\_

List firms you do NOT wish to be in close proximity to (list companies, not products):

\_\_\_\_\_

### EXHIBITOR LEVEL (please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Platinum Exhibitor..... \$12,000 | <input type="checkbox"/> Silver Exhibitor ..... \$5,500 |
| <input type="checkbox"/> Gold Exhibitor..... \$8,500      | <input type="checkbox"/> Exhibitor ..... \$3,500        |

### ADDITIONAL SPONSORSHIP OPPORTUNITIES

- |  |  |
|--|--|
| <input type="checkbox"/> Wifi Sponsor..... \$3500                          | <input type="checkbox"/> Pens..... \$2000                                  |
| <input type="checkbox"/> Self-Serve Badge Station ..... \$3500             | <input type="checkbox"/> Notepads ..... \$2000                             |
| <input type="checkbox"/> Logo Scarves For Balloon Fiesta ..... \$3500      | <input type="checkbox"/> Coffee Break ..... \$2000                         |
| <input type="checkbox"/> Welcome Reception..... \$3000                     | <input type="checkbox"/> Resident Round Table Symposium Sponsor.... \$2000 |
| <input type="checkbox"/> Lanyards..... \$3000                              | <input type="checkbox"/> On-Site Printed Program Sponsor..... \$2000       |
| <input type="checkbox"/> Tote Bags ..... \$3000                            | <input type="checkbox"/> Resident Supporter..... \$1500                    |
| <input type="checkbox"/> Balloon Fiesta Sponsor..... \$2500                | <input type="checkbox"/> Hand Sanitizing Station..... \$1500               |
| <input type="checkbox"/> Logo Hand Warmers For Balloon Fiesta ..... \$2500 | <input type="checkbox"/> Albuquerque Balloon Fiesta..... \$100/Rep         |
| <input type="checkbox"/> Resident Travel Sponsor ..... \$2000              | <input type="checkbox"/> One Rep <input type="checkbox"/> Two Reps         |

### PRODUCT THEATER

- |   |
|---|
| <input type="checkbox"/> Friday Resident Luncheon ..... \$15,000            |
| <input type="checkbox"/> Friday Evening Dinner..... \$25,000                |
| <input type="checkbox"/> Saturday Evening Cocktail Reception ..... \$20,000 |

TOTAL FOR ALL SECTIONS \$

### PAYMENT OPTIONS

☐ Check enclosed in the amount of \$  (payable to Texas Dermatological Society)

To pay by credit card, register online at [www.texasdermatology.org](http://www.texasdermatology.org)



## PAYMENT DEADLINE

In exchange for payment in full for the exhibit space contracted by the Exhibitor, TDS will provide exhibit space as outlined in the Exhibitor Regulations. Payment in full is due by **September 2, 2025**. It is not necessary to send payment with this application form, but payment must be received by stated dates. Exhibitors whose applications have been submitted and accepted by **July 5, 2025** will be listed in the initial physician registration brochure.

## CANCELLATION DEADLINE

A full refund will be made to the Exhibitor only if written notice is received by **September 1, 2025**.

If, after the contract is entered into, the TDS fails or is unable to provide an Exhibitor with the opportunity to exhibit at the TDS Show, due to fire, strikes, authority of the law, act of God or any other cause or reason, and the Exhibitor is not responsible for such failure, the Exhibitor's sole and exclusive remedy shall be the return of all monies that it has paid in connection with the Application/Contract. In such case, the TDS shall bear no further liability or responsibility under such agreement.

Exhibitor agrees to be responsible for his/her own property. Exhibitor shall release and hold harmless and indemnify Texas dermatological society from any and all claims, obligations, liabilities, causes of action, lawsuits, damages and assessments, including legal fees, that result from an allegation of negligence on the part of the exhibitor or Texas Dermatological Society or third parties in the use of the exhibit space or activities in connection with the use of exhibit space.

## BOOTH ACTIVITIES AND CODE OF CONDUCT

The exhibitor is permitted to demonstrate the firm's equipment, make informational presentations regarding the product line or service, and distribute product information and related product marketing activities from the exhibit booth. CME activities are not permitted in the Technical Exhibit Hall. Physicians may be badged as exhibitors and staff the booth, provided they are either full time employees or paid consultants of the exhibiting company. Exhibitors are only permitted to conduct promotional presentations within the technical exhibit booths. Exhibitors (including Physicians) are required to disclose their relationship with the company/product, to the audience. Only such activities which, at the discretion of the TDS, are in keeping with the professional deportment of the technical exhibits program will be permitted.

**Under no circumstances may exhibitor marketing activities take place outside the exhibit booth, whether in or around the Hotel, or the hotel properties during TDS program hours. Activities that interfere with normal traffic flow, infringe on other exhibits, or interfere with any meeting activities as determined by the TDS, are prohibited. Audience members may disengage from interacting with exhibitors at any time without ramification.**

## ACCEPTANCE OF APPLICATION

Acceptance of this application as an agreement between the Exhibitor and the Texas Dermatological Society will occur only when an official confirmation packet has been sent by TDS. It is understood that disapproval of an Exhibitor, per the terms outlined in the Exhibitor Regulations, will result in termination of the agreement without penalty to either party.

## EXHIBITOR REGULATIONS AGREEMENT

The undersigned acknowledges and agrees to the Exhibitor Regulations as published by the Texas Dermatological Society (available at [www.texasdermatology.org](http://www.texasdermatology.org) or upon request) which are considered to be part of this agreement between the Exhibitor and the Texas Dermatological Society.

## WARRANTY OF AUTHORITY

The Exhibitor and person signing this application on its behalf represent and warrant that the undersigned person is a duly authorized and appointed agent of the Exhibitor, is fully empowered to bind the Exhibitor to all provisions contained in this agreement.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Company: \_\_\_\_\_

**Please return this application with payment to:**

**Texas Dermatological Society**

6705 West Highway 290, #607-223

Austin, TX 78735

Attention: TDS Exhibit and Sponsorship Manager

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*(Please complete both pages of this application.)*