46th Annual Family Medicine Review Course and the 7th Family Medicine/Psychiatry CME Conference

SPEAKING THE SAME LANGUAGE
“Cross-Specialty Communication in Integrated Care”
April 11-13, 2014
Fogelman Conference Center
Memphis, TN

VENDOR INFORMATION

Exhibit fee: $500.00 per table
(includes 2 representatives participating in breaks)

Display Dates: Exhibits will display 8AM- 3PM
Friday, April 11th and Saturday, April 12th

Location: Fogelman Executive Conference Center
330 Innovation Drive, Memphis, TN 38152

Participants: Physicians in Family Practice and Psychiatry; Nurses and Nurse Practitioners serving patients in the same specialty areas

Lodging: A block of rooms has been reserved at the University Holiday Inn Hotel, 3700 Central Avenue, Memphis TN 38152, (901) 678-8200, directly across from the Fogelman Executive Conference Center. The special conference rate is $119.00 single/double plus taxes. Please make your own reservations if overnight accommodations are needed and ask for group “University of TN Family Medicine Psychiatry Conference”. Special rates are available until March 10, 2014, or until the block is full, whichever occurs first. Once Holiday Inn’s block is full, Fogelman will be offered at $97.00 per room.

Contact: If you need additional information, please contact:
Marilyn G. Ward, CAP, Activity Coordinator
University of Tennessee Health Science Center
Department of Family Medicine
711 Jefferson Avenue, Suite 137
Memphis, TN 38105
Office: (901) 448-6032 Fax: (901) 448-8006 E-mail: mward9@uthsc.edu
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Vendor Registration Form
April 11-13, 2014
Fogelman Conference Center
Memphis, TN

Primary Contact:
First Name ______________________________ Last Name _______________________________
Title __________________________ Organization ______________________________________
Work Address ___________________________________________________________________
City ____________________________________ State ____________ Zip ___________________
Work Tel _____/_____/_________ Fax _____/_____/_________ Toll-Free_____/_____/__________
E-mail ______________________ @ _______________________ (required to receive confirmation)

Name(s) of Representative(s) attending activity (two representatives included with Exhibit Fee):
First Name ______________________________ Last Name _______________________________
Title ____________________ E-mail _________________________@ ______________________
First Name ______________________________ Last Name _______________________________
Title ____________________ E-mail _________________________@ ______________________

Exhibit fee:
[ ] Full exhibit fee $500.00 x 1 (one) 8ft. table Total _______
[ ] Single session exhibit fee $400.00 x 1 (one) 8ft. table Total _______
Please specify date for exhibit ______________ Payment Total _______

Electrical Outlet Needed: ____ Yes ____No

Please make check payable to: UT Family Medicine

Return to: Marilyn G. Ward, CAP, Activity Coordinator
University of Tennessee Health Science Center
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Memphis, TN 38105
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Fax: (901) 448-8006 E-mail: mward9@uthsc.edu

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