

EXHIBITOR INFORMATION

March 31-April 1, 2017

Longinotti Auditorium at Saint Francis Hospital- Memphis

VENDOR INFORMATION

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

Display Dates: Exhibits will display 8AM- 4PM
Friday, March 31st and Saturday, April 1st

Location: Longinotti Auditorium at Saint Francis Hospital- Memphis
5959 Park Avenue, Memphis, TN 38119

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

Lodging: Arrangements have been made for conference participants to receive a special room (king)
rate of \$109 per night at the Courtyard Memphis East/Park Avenue, located at 6015 Park
Avenue, Memphis, TN 38119. This special rate will be available until March 3, 2017.
To make reservations, please call the Marriott Reservations at (800) 321-2211 or (901)
761-0330 on or before Friday, March 3, 2017 (the "cutoff date"). Please identify yourself as
part of the "UTHSC Collaboration is Everything group". After the cutoff date, the hotel will
release any unreserved rooms for general sale, and it will accept reservations at the group
rate only at its own discretion.

Contact: If you need additional information, please contact:
Netia Watson, Activity Coordinator
University of Tennessee Health Science Center
Department of Family Medicine
711 Jefferson Avenue, Suite 137
Memphis, TN 38105
Office: (901) 448-6737 Fax: (901) 448-8006 E-mail: nwatson@uthsc.edu

Vendor Registration Form
March 31- April 2, 2017
Longinotti Auditorium at Saint Francis
Hospital - Memphis
5959 Park Ave, Memphis, TN 38119

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:

<input type="checkbox"/> Full exhibit fee \$500.00 x 1 (one) 8ft. table (2 days)	Total	_____
<input type="checkbox"/> 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: University of Tennessee

Return to: Netia Watson, Activity Coordinator
University of Tennessee Health Science Center Department
of Family Medicine
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Memphis, TN 38105
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