



4733 Torrance Blvd. #975
Torrance, CA 90503

LOS ANGELES COUNTY PODIATRIC MEDICAL SOCIETY

Component Society of the California Podiatric Medical Association
and the American Podiatric Medical Association

(800) 654-FEET
(310) 514-9072

Fax: (310) 514-9116
lacpms@cox.net

~EXHIBIT SPACE APPLICATION~
TREASURE HUNT 2009

February 7, 2009 at The Kyoto Grand Hotel and Gardens

PLEASE RESERVE EXHIBIT SPACE FOR OUR COMPANY AT THE 2009 TREASURE HUNT SEMINAR PRESENTED BY THE LOS ANGELES COUNTY PODIATRIC MEDICAL SOCIETY. WE AGREE TO ABIDE BY ALL EXHIBIT RULES AND REGULATIONS UNDER WHICH EXHIBIT SPACE IS LEASED AT THE KYOTO GRAND HOTEL AND LACPMS.

COMPANY FULL NAME _____
 MAIN OFFICE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ EMAIL _____
 MAIN OFFICE REPRESENTATIVE _____ TITLE _____
 DISTRICT/LOCAL REPRESENTATIVE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ WEBSITE OR EMAIL _____
 *****PREFERRED MAIL AND FAX CONTACT ___ MAIN OFFICE REP ___ LOCAL REP
 WE PLAN TO EXHIBIT THE FOLLOWING: _____

Will your booth need electricity? ___ no ___ yes
 Special needs _____

EXHIBIT BOOTH LEAD REP DURING SEMINAR _____

IT IS AGREED TO THAT ALL EXHIBITORS SHALL ASSUME ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES TO THE EXHIBIT HALL, AND THEY SHALL INDEMNIFY AND TOTALLY EXEMPT THE LOS ANGELES COUNTY PODIATRIC MEDICAL SOCIETY AND ANY OTHER PARTICIPATING CPMA COMPONENT SOCIETY, EXECUTIVE BOARD MEMBERS, AND THE KYOTO GRAND HOTEL FROM ANY LIABILITY THAT MAY ENSUE FROM ANY CAUSE WHATSOEVER. THE KYOTO GRAND HOTEL AND THESE SOCIETIES AND THEIR REPRESENTATIVES DO NOT IN ANY FORM OR FASHION GUARANTEE OR PROTECT THE EXHIBITOR AGAINST ANY LOSS OR DAMAGE FROM ANY CAUSE. ALL EXHIBITORS AGREE TO CONFORM TO THE RULES AND REGULATIONS INDICATED HEREIN AND ALL POINTS NOT SPECIFICALLY INDICATED OR COVERED ARE SUBJECT TO THE DECISION OF THE LACPMS SEMINAR COMMITTEE.

CHECK APPROPRIATE EXHIBIT SPACE APPLICABLE:

_____ UNIVERSAL SPONSORSHIP EXHIBITOR	\$15,000.00
_____ PLATINUM SPONSORSHIP EXHIBITOR	\$ 9,000.00
_____ GOLD SPONSORSHIP EXHIBITOR	\$ 6,500.00
_____ SILVER SPONSORSHIP EXHIBITOR	\$ 3,500.00
_____ BRONZE SPONSORSHIP EXHIBITOR	\$ 975.00
_____ PEARL SPONSORSHIP LEVEL	DONATION

50% DEPOSIT MUST ACCOMPANY THIS REGISTRATION FORM
Payment in full due by January 10, 2009

PAYMENT ENCLOSED: \$ _____

_____ CHECK PAYABLE TO LOS ANGELES COUNTY PODIATRIC MEDICAL SOCIETY
 _____ MC/VISA/AMEX # _____ EXP. DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____

*****LACPMS FEDERAL I.D. NO. 95-310-5881*****

NO REFUNDS ARE AVAILABLE FOR ANY REASON
 SET UP MAY BEGIN AT 6 AM February 7, 2009 AND THE SEMINAR CONCLUDES AT 5 PM

The Kyoto Grand Hotel and Gardens
 120 South Los Angeles Street, Los Angeles, CA 90012
 TEL: (213) 629-1200