



**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION  
 ~606 SO. BOULEVARD ~ TAMPA, FLORIDA 33606~  
 TELEPHONE (813) 253-0471 ~ FAX (813) 253-3737**

APPLICATION/CONTRACT FOR EXHIBIT SPACE

**Tuesday, February 13, 2018**

**THE WESTSHORE GRAND**

4860 W. KENNEDY BOULEVARD  
 TAMPA, FL 33609

TO RESERVE EXHIBIT SPACE FOR THE HCMA MEMBERSHIP DINNER PLEASE COMPLETED AND RETURN THIS FORM ALONG WITH PAYMENT OF \$400 (FEE INCLUDES ONE MEAL). ADDITIONAL MEALS MAY BE PURCHASED FOR \$50 PER PERSON. FREE PARKING IS AVAILABLE IN THE HOTEL GARAGE.

DATE: \_\_\_\_\_

NAME OF EXHIBITOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

**(Please use contact name, phone number, and contact email you wish to be used for publication)**

WEBSITE ADDRESS FOR PUBLICATION: \_\_\_\_\_

DESCRIPTION OF BUSINESS TYPE: \_\_\_\_\_

You will be provided with a covered, 6ft table. Please note in order to accommodate all exhibitors, individual displays must not exceed width of table. Banners must be free standing.  
 For 1<sup>st</sup> time exhibitors ~ copies of any literature to be distributed must accompany this application.

WILL YOU REQUIRE AN ELECTRICAL OUTLET? \_\_\_\_\_

PLEASE PRINT NAME OF REPRESENTATIVE(S) WHO WILL STAFF EXHIBIT TABLE: (Limit 3)

- 1) \_\_\_\_\_ 3) \_\_\_\_\_
- 2) \_\_\_\_\_

PLEASE PRINT NAME OF REPRESENTATIVE(S) FOR DINNER RESERVATIONS:

- 1) \_\_\_\_\_ 3) \_\_\_\_\_
- 2) \_\_\_\_\_

PRINT NAME OF REPRESENTATIVE(S) REQUESTING A VEGETARIAN MEAL:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_

**(ALL VEGETARIAN MEALS MUST BE REQUESTED 3 BUSINESS DAYS PRIOR TO THE EVENT)**

Exhibit tables are not considered "reserved" until payment has been received.

All cancellations must be received five (5) business days prior to the meeting or will be assessed \$200.00 or 50% of the exhibit fee. NO EXCEPTIONS.