



# Illinois College of Emergency Physicians

3000 Woodcreek Drive, Suite 200  
Downers Grove, IL 60515

## EXHIBITOR REGISTRATION FORM

TO REGISTER, FULLY COMPLETE THE FOLLOWING INFORMATION  
AND RETURN WITH PAYMENT INFORMATION TO:

**Illinois College of Emergency Physicians**  
3000 Woodcreek Drive, Suite 200  
Downers Grove, IL 60515 USA

**OR Fax to: 630.495.6404**

### Spring Symposium & Annual Business Meeting

- Platinum Sponsor – \$2,000
- Tote Bag Sponsor – \$1,500
- Gold Sponsor – \$1,000
- NEXT Forum Sponsor – \$1,000
- Silver Sponsor – \$800
- Exhibitor Space – \$600
  - \_\_\_ Additional Table – \$150/table
  - \_\_\_ Additional Exhibitor – \$75/person
  - \_\_\_ Electricity – \$50

### EM | MOREinFOUR - Emergency Medicine Review

- Platinum Sponsor – \$2,000
- Tote Bag Sponsor – \$1,500
- Gold Sponsor – \$1,000
- Silver Sponsor – \$750
- Exhibitor Space – \$500 per day  
(Limited opportunities available on a first-come, first-served basis. Registration includes 1 day of exhibiting at both courses.)

### Academic Forum Resident Program & Career Fair

#### **Resident Program Opportunities for Marketing Products/Services:**

- Platinum Sponsor – \$1,000
- Gold Sponsor – \$800
- Research Award Sponsor – \$500
- Exhibitor Space – \$600
  - \_\_\_ Add'l Table – \$150/table
  - \_\_\_ Add'l Exhibitor – \$75/person
  - \_\_\_ Electricity – \$50

#### **Career Fair Opportunities for Recruiters Marketing Employment Opportunities:**

- "Speed Dating"-style Networking Luncheon Participant – \$800

### ICEP Member Reception at Scientific Assembly

- Gold Sponsor – \$2,000
- Silver Sponsor – \$1,000

**\$ \_\_\_\_\_ Total Amount**

\*Higher sponsorship levels include exhibit space and name badges for additional exhibitor staff.

## EXHIBITOR REGISTRATION FORM (continued)

\*Company Name \_\_\_\_\_

\*Company Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_

\*Zip/Postal Code \_\_\_\_\_ \*Country \_\_\_\_\_

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

\*Company Website \_\_\_\_\_

*\*This information will be published in the onsite meeting program.*

Contact Name and Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

E-mail \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*All correspondence will be sent to the contact's name and address. If this is not acceptable, please provide alternative information.*

Please provide the first and last names of the representatives exhibiting. This information must be received at least one month prior to the meeting date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Method of Payment (please do not send cash)**

- Please invoice company (provide contact name):

ICEP Tax ID Number  
**23-714-7401**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Check enclosed (made payable to ICEP)
- MasterCard     Discover     Visa     American Express

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Please include up to a 75-word description of your company's products/ services for inclusion in the meeting program.** This information must be received one month prior to the meeting date. Please e-mail the description to [janicec@icep.org](mailto:janicec@icep.org). Faxed or handwritten descriptions will not be accepted.