APPLICATION FOR EXHIBIT SPACE OR SPONSORSHIP

2026 Utah Osteopathic Medical Association Winter CME Conference

Thursday, February 26 through Friday, February 27, 2026

Application form (fill in)

Company Name:		Services/Products:	
Contact Person:		Email:	
Address:	City:	State:	Zip:
Phone:	Fax:	Company Website:	

Booth and Sponsorships *Please check √ applicable responses.*
First come, first served. Continental breakfast and lunch provided for two representatives.

☐	We are interested in a Booth. – $700 Includes 6' table; electricity (may be limited); wireless internet.
☐	We would like to request electricity.
☐	We are interested in being a Sponsor in the following ways: ☐TH Lunch – $1500, Includes a booth and company will be given 15 minutes to present the company and services/products during lunch. ☐FRI Lunch – $1500, Includes a booth and company will be given 15 minutes to present the company and services/products during lunch. ☐Breaks – $250/break TH am☐, TH pm☐, FRI am☐, FRI pm☐, SAT am☐ ☐Medical Student Research Poster Contest $600

Application Fee

☐	Make **check** payable to and send to: Utah Osteopathic Medical Association c/o Marcelle Maxfield 2162 S 180 E Provo, UT 84606
☐	Pay by electronic invoicing. *An e-invoice will be sent to the email address above at which time you may make payment on a secure PayPal site. You are not required to have a PayPal account to use this option.*

Name of Company Representatives Administering Booth

Agreement

In accordance with the exhibit and sponsorship information, rules, and regulations, I hereby accept the terms and conditions for exhibiting at the 2026 UOMA Winter CME Conference. This completed form represents a binding agreement between the exhibitor and UOMA.

_____ _____ _____

Signature Title Date