



# RHODE ISLAND MEDICAL SOCIETY

## -----Application and Contract for Exhibit Space-----

Name and Date of Intended RIMS Event: \_\_\_\_\_

**The information in this section will appear in printed materials. Please be exact with all information.**

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

Company Street Address \_\_\_\_\_

Company City/State/Zip \_\_\_\_\_

Phone (Company's main number)/Fax/Website \_\_\_\_\_

\_\_\_\_\_

*Please email a high resolution jpeg file of your company logo as you would like it seen in the event program to Megan Turcotte at [mturcotte@rimed.org](mailto:mturcotte@rimed.org).*

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### **Confirmation and other follow up information should be emailed to:**

Name \_\_\_\_\_

Email (of contact person) \_\_\_\_\_

Telephone number (of contact person) \_\_\_\_\_

\_\_\_\_ Check if you require and have not yet received a W9 from the Rhode Island Medical Society.

### **Please Reserve**

\_\_\_\_ One Exhibitor Table (6'X 30") at \$\_\_\_\_\_ \* (Includes table, chairs, and up to two (2) company representatives. Please contact Ms. Turcotte for any electrical needs. An increased fee may be applicable for electrical requirements.) \*Please contact Ms. Turcotte for confirmed event exhibit fee.

\_\_\_\_ Additional name badges \$250

Name Badge #1 \_\_\_\_\_

Name Badge #2 \_\_\_\_\_

Additional Name Badge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ full payment is enclosed. (RIMS Tax ID# 05-0250010)

Please print this document and return the completed application with required payment via check payable to "RI Medical Society" to:

**RI Medical Society**  
**c/o Megan Turcotte**  
**405 Promenade Street, Suite A**  
**Providence, RI 02908**

Credit Card Payment: VISA\_\_ MC\_\_ AMEX\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Where applicable, we understand and agree to follow policies of the STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION in support of the Rhode Island Medical Society's Event.\*

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

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\*Hold Harmless Clause

The exhibiting company assumes the entire responsibility and hereby agrees to protect, indemnify, defend and save the Rhode Island Medical Society and the event venue and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by exhibitors installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence of the event venue, its employees and agents.

In addition, the exhibitor acknowledges that the Rhode Island Medical Society does not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.