

**Texas Society of Child & Adolescent Psychiatry
Application for Exhibit Space / Social Sponsorship
July 19-21, 2019 Annual Convention
Westin River Walk, San Antonio, Texas**

Name of Firm _____
 Street Address of Firm _____
 City, State, Zip _____
 Telephone Number _____ E-Mail Address _____
 Name of Authorized Personnel _____ Title _____

I have reviewed the Texas Society of Child and Adolescent Psychiatry exhibit policies and hereby agree to the terms and requirements as outlined:

 Signature of Authorized Personnel

Choose a support level (see support levels and benefits on next page)

- Platinum Level \$6,000
- Gold Level \$3,000
- Exhibit Only \$2,000

TSCAP Tax ID: 75-1504593

Representative(s) to Attend Meeting

(Information will be used for name badges. If add'l space needed, attach names to this application)

Name of Representative	Mailing Address of Representative	City, State, Zip	Phone #	EMail	Fax #

What general product line will your exhibit promote? _____

Who are your direct competitors/name of organization (for use in booth placement assignments)? _____

List two meetings at which your firm has exhibited in the past year:

1) _____ 2) _____

**If you would like to donate a door prize for the drawing to be held throughout the breaks on Saturday please list your donation as follows and plan to have a representative attend to present the prize: _____

**Return Form To: Debbie Giarratano, Texas Society of Child & Adolescent Psychiatry
401 West 15th Street, Suite #675, Austin, TX 78701 * Phone: (512) 478-0605 * Fax: (512) 478-5223**

Keep in mind sponsorship package offers added benefits and recognition at the meeting

Platinum Level	\$6,000
Gold Level	\$3,000
Exhibit Only	\$2,000

Supporters have the opportunity to underwrite TSCAP events, including the welcome reception, continental breakfast, business meeting breakfast, AM / PM refreshment breaks.

If you are interested in supporting or co-sponsoring a particular event, please check the appropriate box below:

- Welcome Reception (\$3000)**
- Continental Breakfast - Saturday (\$3000)**
- Saturday AM Break (\$3000)**
- Saturday PM Break (\$3000)**

- Continental Breakfast - Sunday (\$3000)**
- Sunday AM Break (\$3000)**

- * **Recognition in all on-site materials**
(Exhibit, Platinum and Gold Level)

- * **Special recognition on event signage.**
(Platinum, Gold Level)

- * **Course Syllabus**
(Exhibit, Platinum & Gold Level)

METHOD OF PAYMENT

Check - Make Checks Payable to **Texas Society of Child and Adolescent Psychiatry**

- VISA MasterCard AMEX Credit Card # _____
- Expiration Date: _____ 3 or 4 Digit Code on Back of Card on Right of Signature Panel _____
- Name of Cardholder (as it appears on card) _____
- Signature _____
- Address where you **receive** your credit card statement _____

RETURN TO:
TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY
401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701
PHONE (512) 478-0605 FAX (512) 478-5223 EMAIL tscapofc@aol.com

TSCAP

Exhibitor Policies

Exhibits

Exhibit space will require a minimum contribution of \$2,000.00. This support will guarantee the following:

1. One 8x10 exhibit booth that includes a 6' skirted table, 2 chairs, ID sign, back and side drapes.
2. Listing as an "exhibitor" in on-site program brochure and online.

Dates/Hours of Exhibits

Exhibits will be open from 6:30 pm-8:30 pm on Friday; 7:30 am-1:30 pm Saturday. Program attendees may visit the exhibit display during the 6:30 pm-8:30 pm Friday evening Welcome Reception; 7:30 am-8:10 am Continental Breakfast; 10:30 am-10:50 am Refreshment Break; 11:50 am - 12:10 pm Refreshment Break and 1:10 pm-1:30 pm. The program schedule will specify when exhibits will be open and statements will be made throughout the program brochure encouraging members to visit the exhibits. The exhibit area will be available for set-up on Friday afternoon, from 2:00pm-5:30pm, and each exhibitor is responsible for promptly removing all materials from the exhibit area beginning at 2:00 pm on Saturday.

Size and Types of Exhibits

Exhibit space will be limited to table-top displays. Exhibitors must conform to this space requirement, and should plan displays with this configuration in mind. Exhibitors shall be limited to those whose products or services are related to physicians' medical, professional or practice interests. The TSCAP reserves the right to screen applications for space and to accept only those which conform to these criteria. Unethical conduct or infraction of TSCAP policy will subject the exhibitor or his/her representatives to dismissal from the meeting. Should this occur, no refund of the exhibit fee will be made.

Disclosure of Investigational Uses of Products, Devices or Procedures

All exhibitors will be required to follow the Food and Drug Administration (FDA) imposed rules and regulations on displayed products. These rules require disclosure of current FDA status by appropriate labeling of all displayed products, such as medical devices and pharmaceuticals. Further information on these rules and regulations may be obtained from the FDA.

Responsibilities

- * Telephone service, electrical service, decorating services, and security guard services are NOT provided not arranged for by the TSCAP.
- * The exhibitor agrees to indemnify and hold harmless the TSCAP from and against any and all damages arising from the use by the exhibitor of its exhibit space or its activities therewith. The TSCAP, nor the facility, assumes the responsibility for damage to, loss, or theft of property of the exhibitors, or the exhibitors' agents, employees, or invitees.
- * Use of a booth space by two or more firms is not permitted.
- * In the event of failure or inability of the TSCAP to provide the space designated, the TSCAP agrees to refund in full to the exhibitor the exhibit fee paid.

Cancellation

Deadline for cancellation of exhibit space is June 1. There will be no refunds for cancellations after this date.