

Creating Safer Healthcare in Chicago



# Chicago Patient Safety Forum

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## Event Exhibitor Application

**Event:** Chicago Patient Safety Forum 2008 Annual Scientific Meeting  
"Patient Safety Across the Continuum"

**Date/Time:** Friday, March 14, 2008 / Setup: 7-8am, Tear-down: 4pm

**Location:** Student Union Building, University of Illinois at Chicago, 828 South Wolcott, Chicago, IL

**Exhibitor Information (please print):**

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Person to Receive Exhibit Info \_\_\_\_\_ Fax \_\_\_\_\_  
Title of Above Person \_\_\_\_\_ Product Description \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**Basic Booth Package:** \$250.00 per 6'x3' table display with one chair. One complementary meeting registration. You may replace the included table with a display if it fits in same area. Listing in event materials if requested. Extra chairs and tablecloths provided at additional cost.

Shipping Information: Contact [cpsf@iomc.org](mailto:cpsf@iomc.org) for details

**Payment for Space / Cancellation:** Under the terms of the contract, the exhibitor agrees to pay one hundred percent (100%) of the total fee with this application. An exhibitor who cancels all or part of reserved booth space prior to **March 5, 2008** will forfeit fifty percent (50%) of the total contracted costs plus \$25 service fee to CPSF. **No cancellation of space will be accepted or refunds made after March 5, 2008.**

**Please make checks payable to:** Chicago Patient Safety Forum

**Please mail contract and payment to:** Steven Maxwell, Chicago Patient Safety Forum, 332 South Michigan Suite 525 Chicago, IL 60604

**Please return two signed copies. You will receive your signed copy after tables are assigned.**

Enclosed is our payment to Chicago Patient Safety Forum (CPSF). Acceptance of this application creates a valid contract and obligates me/us to the payments as stated above. I/We understand that the CPSF reserves the right to reject any and all applications at any time for any reason or no reason at all. **Except in instances where an application is denied prior to the Event, all payments are NON-REFUNDABLE.**

**We hereby make application for exhibit space for: Chicago Patient Safety Forum 2008 Annual Scientific Meeting**

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

**CPSF Use Only**

Company Name \_\_\_\_\_  
Total Number of Tables \_\_\_\_\_ @ \$250.00 per table Amount Enclosed \$ \_\_\_\_\_  
Company Check \_\_\_\_\_ Date Accepted \_\_\_\_\_ Tables(s) Assigned \_\_\_\_\_