



presents

Billing & Coding Conference

A One-Day Event Presented by Florida College of Emergency Physicians

September 25, 2009 · Florida Hospital Creation Conference Center
601 E. Rollins Street · Orlando, FL · 32803

September 25, 2009

Visit <http://www.fcep.org/billingcoding2009.htm> for more information.



Exhibit and Sponsorship Opportunities

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|--|--------|--|
| <input type="checkbox"/> 6' Tabletop | \$750 | Includes: 6' table, 2 chairs, 2 exhibitor badges |
| <input checked="" type="checkbox"/> Silver Sponsorship | \$1000 | Includes: Sponsorship recognition (text): conference signage, website recognition, and badges; Attendee digital mailing list. |
| <input checked="" type="checkbox"/> Gold Sponsorship | \$1500 | Includes: Sponsorship recognition (logo): conference signage, website recognition, and badges; Attendee digital mailing list. |
| <input checked="" type="checkbox"/> Platinum Sponsorship | \$2000 | Includes: Sponsorship recognition (logo): conference signage, materials, website recognition, badges; Attendee digital mailing list. |
| <input type="checkbox"/> Name Badges (Exclusive) | \$500 | Includes: Corporate logo displayed on all attendee name badges.
Note: This item available only in addition to tabletop purchase. |

Exhibit and Sponsorship Registration Form

Organization Name _____

Exhibitor Name(s) - As to appear on your name badge(s) _____

Address _____

City, _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

_____ Platinum - \$2000; Gold - \$1500; Silver - \$1000

_____ Name Badges - \$500 (Exclusive item - Name badge sponsor must also purchase tabletop)

_____ 6' Tabletop - \$750

_____ \$ Total Fees Enclosed

Fees payable by Visa, Mastercard or Check. Checks payable to FCEP and mail to 3717 S. Conway Rd. Orlando, FL 32812. Phone: (800) 766-6335 Fax: (407) 281-4407 Federal Tax ID #23-7147400

Credit Card Number: _____

Credit Card Type: [] Visa [] Mastercard

Expiration Date: _____ Cardholder Name: _____

Cardholder Signature: _____

Assignment of Space

Exhibit space will be assigned upon receipt of completed registration form and registration fee. Application and payment must be received at the FCEP office by Sept. 12, 2008 to reserve space. For cancellations an administrative fee of \$100.00 will be retained. Cancellations and refunds will be made if requested in writing to Michael Citro at the FCEP office.

Exhibitor Liability

Exhibiting organizations assume full responsibility for their professional/ personal property and obtaining insurance to protect against lost or stolen items.

ACCME / AAPC Agreement

I/We agree to abide by all Rules and Regulations listed and which are part of the agreement between my/our company and the Florida College of Emergency Physicians. I/We also agree to comply with ACCME and/or AAPC Standards for Commercial Support. I/We also agree to have no involvement or influence with the content of the educational portion of the conference. You are hereby authorized to reserve space for my/our company for the 2008 Billing & Coding Conference.

Agreed and Signed by:
