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## 5<sup>TH</sup> ANNUAL MEETING

January 25 - 27, 2018

Marriott Renaissance

Fort Lauderdale-Plantation Hotel, Florida

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### ABOUT PRiSM

*The purpose of PRiSM is to foster and stimulate interdisciplinary professional education, research and interest in pediatric and adolescent sports medicine and, in this regard, to promote and participate in high-quality research and the advancement of understanding in the field of pediatric and adolescent sports medicine.*

The membership of PRiSM consists of Doctoral Fellows, Associate Members and Student Members. This organization includes various medical disciplines and is not limited to surgeons, pediatricians, physiatrists, physical and occupational therapists, orthotists, prosthetists, rehabilitation engineers, kinesiologists, nurse practitioners, special educators, researchers and certified athletic trainers and coaches.

**Incorporated in 2013**

**Members: 225**

**Projected Annual Meeting Attendance: 300**

The **PRiSM Annual Meeting** is designed to provide high-quality dissemination of information in the basic sciences, prevention, diagnosis, treatment, and technical advances in the multi-disciplinary areas of sports medicine for children and adolescents. The Scientific Program Committee has worked hard to provide a diverse, innovative and well-rounded program while incorporating feedback from last year's meeting. As a result, we offer you 2 ½ days filled with learning opportunities, engaging top experts along with collaboration opportunities.

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## 2017 PRiSM 5<sup>th</sup> ANNUAL MEETING EXHIBITOR INFORMATION

### EXHIBIT HOURS

**Friday, January 26<sup>th</sup>**

10:00 AM – 3:00 PM

**Saturday, January 27<sup>th</sup>**

10:00 AM – 3:00 PM

### LOCATION

**Marriott Renaissance – Fort Lauderdale-Plantation Hotel**

1230 South Pine Island Road

Plantation, Florida 33324

+1 954-472-2252

**Exhibit Area:** Conference Lobby

### DISPLAY SPECIFICATIONS

**Size:** 6 ft. draped table

**Drape Colors:** White

**Carpet:** Multicolor pattern

**Display fee:** \$1,500

### Display Location

Specific display locations will be assigned on-site. Company names will be placed on display tables. Locate your company table prior to set-up.



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### SET/CLEAR HOURS:

#### Exhibitor Move-in

**Thursday, January 25<sup>th</sup>**

3:00 PM – 6:00 PM All exhibits must be set-up by 7:00am, Friday, January 27<sup>th</sup>

*(Exhibit area may be available for set-up on the evening of Friday, January 26<sup>th</sup>)*

#### Exhibitor Close and Clear

**Saturday, January 27<sup>th</sup>**

3:00 PM - 5:00 PM

We request you open your displays on time each day and staff them throughout the posted exhibit hours. There will be two staff members allowed at each display table at any given time.

### Shipping

Package shipments should be arranged through the hotel Shipping & Receiving Department.

**All packages should be labeled with your company name, your name and PRiSM Annual Meeting**

### POLICIES, PROCEDURES AND INFORMATION

#### FDA Regulations

Exhibitors must abide by all applicable Food and Drug Administration (FDA) regulations, including any or all approved requirements. Any product that is an investigational device or drug must be clearly marked as such. All products and services exhibited shall comply with FDA policy and procedures (particularly with respect to the marketing and labeling of investigational or unapproved drugs and devices) and other applicable policy and procedures. Exhibitors are reminded that the FDA prohibits the advertising or other promotion of investigational or unapproved drugs and devices. The FDA also prohibits the promotion of approved drugs or devices for unapproved uses. In addition, under FDA rules, the background of the exhibit must show the generic name of any drug product featured. Additional information may be obtained from the FDA website at [www.fda.gov](http://www.fda.gov)

#### Cancellations and Refunds

Written notification of a cancellation must be received by PRiSM by December 31<sup>st</sup> to be eligible for a refund. A \$750 administrative fee will be assessed for each booth cancellation.

Space not claimed by 7:30 AM, Friday January 26<sup>th</sup> may be resold or reassigned by PRiSM without obligation to refund exhibit fees or to assign the exhibitor to another space, unless special arrangements have been made with the CME Office in advance.

PRiSM reserves the right to rearrange the floor plan at any time and to relocate exhibitors if it becomes necessary for causes beyond the control of PRiSM or is advisable in the best interest of PRiSM.

#### Exhibitor Identification

Exhibitor identification in all PRiSM publications and on all signs and booth graphics, related to this specific symposium, must be the one company name submitted on the Exhibitor Registration Form.



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### Storage of Cases, Boxes, Etc.

PRiSM has reserved a room for storage of crates, boxes, etc. Contact the registration desk on-site for information. **Shipping cases should not be stored within view of the attendees.**

### Commercial Press

Reporters must have prior approval from PRiSM. Contact the office at (414) 918-9876.

### Registration/Badge Policy

All company representatives **must be pre-registered by January 15, 2018**. The Exhibitor Registration Form should be returned to PRiSM and should include the list of representatives attending the booth. After this date, any additions or changes will be completed on site. PRiSM badges must be worn and visible at all times to all symposium functions. Business cards are not to be inserted over the official PRiSM badge.

### Reps Attending Sessions

Exhibitors who are pre-registered as such are eligible to attend the educational sessions as long as another attendee is present at that booth during that time. Representatives who wish to attend the educational sessions and who are not representatives of the booth may must register and pay the full membership rate of \$350. Late and cancellation policies will apply.

### Security

The exhibit area is located in the hotel corridor. PRiSM has reserved a storage area for overnight storage of items of value (e.g., display equipment, instruments, etc.). Exhibitors will be able to leave their displays up overnight, but we recommend that any items of great value be secured by you (computers, cell phones, etc.). Neither the hotel security staff nor PRiSM will be responsible for loss of or damage to any property. Exhibitors are responsible for safe-guarding their goods, materials, equipment and exhibits at all times.

### Hotel's Hold Harmless Clause

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims.

PRiSM will not be responsible or liable for any loss, damage, or claims arising directly from the Hotel's own negligence. PRiSM will be responsible to negotiate the contract with its exhibitors.

### Marketing and acknowledgements

Company logos may be used on promotional items as well as signage. However, product names and/or logos are against the policy of the Accreditation Council for Continuing Medical Education (ACCME). Your exhibiting participation will be noted in text vs logo representations.



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**2018 PRISM EXHIBITOR REGISTRATION**

Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Vendor Display Table:**

Application and payment received by December 31, 2017: \$1,500 (includes 2 representatives)

- Lunches are provided for up to two (2) representatives attending
- Additional \$75 per representative attending above the two initial.

Overall conference support: \$\_\_\_\_\_

Will you be attending the event? Yes\_\_\_ or No\_\_\_

Will you be displaying or marketing your products at the event? Yes\_\_\_ or No\_\_\_

*(Note that if you intend to display and/or market your products to event attendees, you are not eligible for a charitable deduction for your contribution.)*

Will there be additional representatives, besides you, attending? Yes\_\_\_ or No\_\_\_

If yes, list

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Make check payable and send to:

PRISM

555 East Wells St, Suite 1100

Milwaukee, WI 53202

Charge my vendor fee to (circle one): ♦ American Express      ♦ Discover      ♦ MasterCard      ♦ Visa

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_