



International Consortium on Manual Therapies Conference 2022

A science-based interdisciplinary research symposium for practitioners and researchers

Thank you for your interest as an **Exhibitor** at the International Congress on Manual Therapies Inaugural Conference!

This packet includes information on the conference goals and purposes, schedule, speakers, and **exhibitor benefits**.

Exhibiting allows you to reach a wide array of the conference's audience, including but not limited to, practitioners of manual therapy such as athletic trainers, chiropractors, osteopathic physicians, physical therapists, massage therapists, osteopaths, and so forth, as well as leading researchers in the fields of anatomy, biomechanics, kinesiology, neurophysiology, pain, pathophysiology, etc.

Three hundred clinicians and basic scientists will participate live in this conference and hundreds are expected to join online. You will be able to reach all of them by being an exhibitor in this conference.

If you are interested in reserving a spot or have questions about the conference, please contact us.

Email: exhibitor@icmtconference.org
Phone: 660.626.2102

Exhibitor Packages

Pink Tables (E24-E27):

- ★ One six-foot table near the stairs to the breakout rooms and poster session
- ★ One company employee exhibitor

Price: 750 USD

Blue Tables (E19-E23):

- ★ One six-foot table in the sidewall areas of the break areas
- ★ One company employee exhibitor

Price: 1,000 USD

Green Tables (E13-E18):

- ★ One six-foot table along the entry or exit gauntlet of the venue
- ★ Two company employee exhibitors

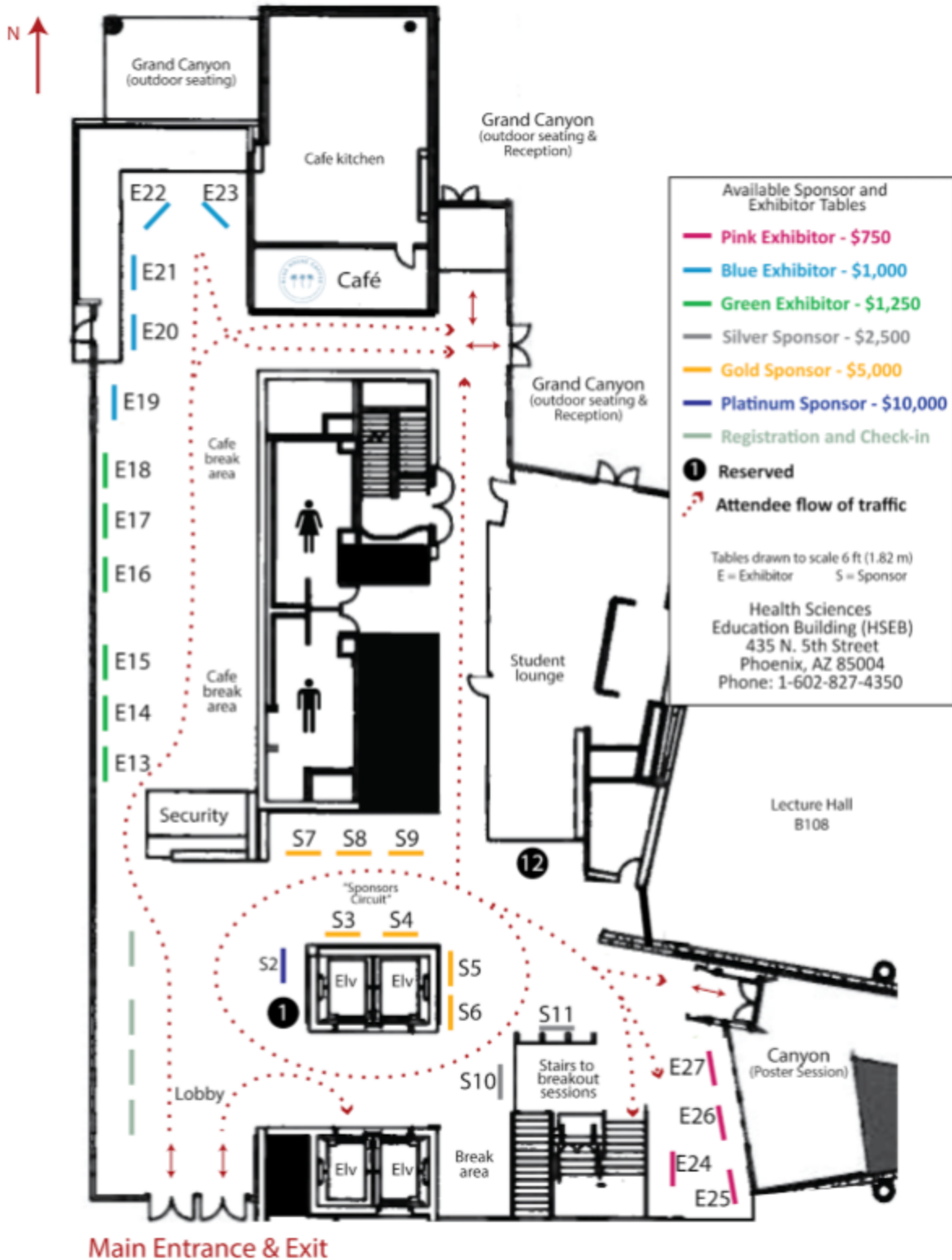
Price: 1,250 USD

Jessica Connick



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Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Title: International Consortium on Manual Therapies Conference 2022

Activity Location: University of Arizona College of Medicine Phoenix **Date(s):** May 6-8, 2022

Agreement between: ACCREDITED PROVIDER: A.T. Still University

AND _____ (as it should appear on printed materials)

Name of Person Exhibiting: _____

Address: _____
City State Zipcode

Phone: _____ Fax: _____

Email: _____

The named EXHIBITOR wishes to exhibit at the above named activity for the amount of \$ _____

Please complete credit card information or indicate if mailing a check:

Visa MasterCard Discover

Card # _____ Exp. _____ CVV _____

Name on the Credit Card: _____ Date: _____

Address of Cardholder: _____
(if different from above) City State Zipcode

Phone: _____ Email: _____

Check – Make check payable to A.T. Still University and remit to:

A.T. Still University
Continuing Education
800 W. Jefferson Street
Kirkville, MO 63501

Federal Tax ID number is 43-0356250



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TERMS AND CONDITIONS

- EXHIBITOR agrees to abide by AOA rules and requirements and ACCME Standards for Commercial Support as stated at www.accme.org: SCS 4.2: “Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.” “Live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or in the place of the CME activity.”
- EXHIBITOR may not distribute promotional materials. Distribution of pharmaceuticals or other samples is prohibited.
- All commercial support associated with this activity will be given with the full knowledge of the PROVIDER. No additional payments, goods, services or events will be provided to the course director(s), planning committee members, faculty, joint sponsor, or any other party involved with the activity.
- Completion of this agreement represents a commitment and payment is due and collectable by the ACTIVITY DATE unless otherwise agreed upon by the PROVIDER. PROVIDER reserves the right to refuse exhibit space to EXHIBITOR in the event of nonpayment or Code of Conduct violation.
- PROVIDER agrees to provide exhibit space and may acknowledge EXHIBITOR in activity announcements. PROVIDER reserves the right to assign exhibit space or relocate exhibits at its discretion.
- PROVIDER Federal Tax ID number is 43-0356250. Please remit a check payable to: A. T. Still University Please fax completed Exhibitor Agreement to: 660-626 -2931 or mail to A. T. Still University, Continuing Education Office, 800 W. Jefferson St., Kirksville, MO 63501

By signing below, I agree to the “Terms and Conditions” outlined of this Exhibitor Agreement (including ACCME Standards for Commercial Support):

EXHIBITOR Representative:

Signature Date

PROVIDER Representative:

Signature Date

(I understand and agree that typing my name above is the electronic equivalent of a written signature)