

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. 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

Tessica Connick

Exhibitor Packages

Blue Tables (E19-E23):

- ★ One seven by six square area in the Sponsors and Exhibitors hall
- ★ One company employee exhibitor

Price: 1,000 USD

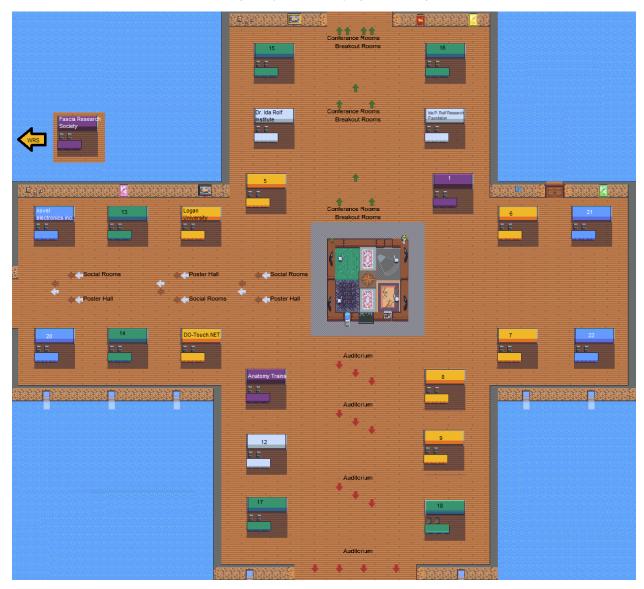
Green Tables (E13-E18):

- ★ One seven by six square area in the Sponsors and Exhibitors hall
- ★ Two company employee exhibitors

Price: 1,250 USD



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Exhibitor Agreement

Regarding the Terms and Conditions for a Commercial Exhibit

Activity Location:			nce 2022	
	ICMT Conference Centre in	Gather Town	Date(s):	May 4-June 3 2022
-	: ACCREDITED PROVIDER:	A T Still University		
AND		(as it should appear on printed materials)		
Name of Person Exh	ibiting:			
Address:				
	City	State	Zipco	ode
Email·		Fax:		
Please complete cre	dit card information or indica	to if mailing a shock		
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Card #		_		/V
Card # Name on the Credit	Card:	_	C\ _ Date:	/V
Card # Name on the Credit Address of Cardhold	Card:	Exp.		/VZipcode
☐ Visa ☐ MasterC Card # Name on the Credit Address of Cardhold (if different from above) Phone:	Card: er:	Exp.	Date:	
Card # Name on the Credit Address of Cardhold (if different from above) Phone:	Card: er: Cit Email: eck payable to A.T. Still Unive	Exp.	Date:	

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 collectible 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 check payable to: A. T. Still University

Please fax completed Sponsor Agreement to: 660.956.0525, email to continuingeducation@atsu.edu, 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

Discompany Signature

Discompany Signature

Discompany Signature

Discompany Signature

Discompany Signature Signature

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