

Windy City Podiatry Conference

# Exhibit Space Application

Oct 17-20, 2024

The Westin Chicago Lombard  
Lombard, IL

## THIS FORM MUST ACCOMPANY YOUR PAYMENT

To confirm your reservation submit this form to Karen Daniel at [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com) or fax to 404-508-8539.

*Registration received less than 2 weeks prior to meeting will not be included in conference materials.*

**Exhibitor Fee (Table Top, No Sharing)** = \$1350 by check or credit card. Full payment must accompany this completed form. \$1500 if application received after September 7, 2024 or onsite.

### Payment Method

**My Check** in the amount of \$ \_\_\_\_\_  Payment enclosed

*Please make check payable to:* The Podiatry Institute ♦ Federal Tax ID #58-1906272

PI W 9 Form

**Charge**  Visa  Master Card  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Mail Check & Application to: The Podiatry Institute  
2675 North Decatur Rd. ♦ Suite 309 ♦ Decatur, GA 30033

### The Following Company Information Will Be Printed In The Conference Program:

(Company Name) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Office Phone) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Website) \_\_\_\_\_

25-word description of product or service \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Representative(s) Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**at Conference:**

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Send email to [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com) names/emails of any additional representatives

**Information For Your Company Virtual Booth:** Attach or send link of PDF(s) to us (call if you have questions)

(Optional) Attach 5-min. max promo video, or put link here to video: \_\_\_\_\_

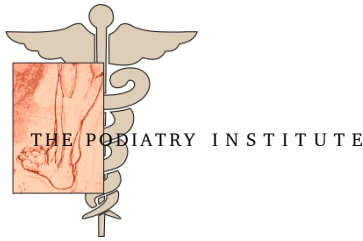
**Company Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_

**Companies You Prefer Not To Exhibit Next To:** \_\_\_\_\_

**Electricity Required?**  Yes  No

**For more sponsorship information contact:** Dan Vickers at The Podiatry Institute ♦ 770-939-0393  
[dvickers@mindspring.com](mailto:dvickers@mindspring.com)



## Windy City Podiatry Conference

# Exhibitor Prospectus

Oct 17-20, 2024

The Westin Chicago Lombard  
Lombard, IL

- ◆ All food functions will be held in the exhibit hall to maximize your contact with attendees.
- ◆ There are a number of opportunities available to sponsor conference events & speakers. Call Dan Vickers at 770-939-0393 for more information.
- ◆ **CANCELLATION POLICY:** All cancellation/rescheduling requests must be made in writing. Cancellation requests can be sent via fax to 404-508-8539 or email to [k.daniel@podiatryinstitute.com](mailto:k.daniel@podiatryinstitute.com). Cancellations requiring a refund will be assessed a \$250 cancellation fee. Transfer requests are not subject to a cancellation fee and will be valid for a period of one year from the date of issue. Registration fees are non-refundable/non-transferrable within two weeks of the conference start date.
- ◆ The Podiatry Institute reserves the right to refuse exhibit space if the vendor's product, service, or display/booth is not consistent with the character of the event.

**Exhibit Table Top Fee** = \$1350 by check or credit card. Includes 6' draped table, two chairs and electricity if needed. \$1500 if application received after September 7, 2024 or onsite. No sharing.

Exhibit materials weighing 150 lbs. or more and/or being shipped via pallet/crate may be subject to additional charges from the hotel's receiving department.

**Exhibit Registration** Full payment for your exhibit must accompany space confirmation agreement. Applications will be accepted until space is sold out.

**Exhibit Schedule:**

<b>Thursday, October 17</b>	10:00 AM - 12:00 PM Setup 12:00 PM - 1:00 PM Exhibit Hall Opens 3:30 PM - 4:00 PM Afternoon Break 7:00 PM Exhibit Hall Closes
<b>Friday, October 18</b>	7:00 AM - 7:30 AM Breakfast in Exhibit Hall 10:00 AM - 10:30 AM Morning Break 12:45 PM - 1:45 PM Lunch with Exhibitors 4:00 PM - 4:30 PM Afternoon Break 5:00 PM Exhibit Hall Closes
<b>Saturday, October 19</b>	7:00 AM - 7:30 AM Breakfast in Exhibit Hall 9:30 AM - 10:00 AM Morning Break 11:00 AM Exhibit Hall Closes
<b>Sunday, October 20</b>	Optional

**Conference Hotel** The Westin Chicago Lombard  
70 Yorktown Center  
Lombard, IL 60148  
1-630-719-8000  
Podiatry Institute Rate: \$169  
*Please make your reservation NOW! Cut-off date – 09-25-2024*

**Shipping Information**  
The Westin Chicago Lombard  
70 Yorktown Center  
Lombard, IL 60148  
Attn: Dan Vickers, Podiatry Institute Conference  
October 17-20, 2024

**For Further Information**  
Dan Vickers, CAE  
Executive Director  
The Podiatry Institute  
2675 North Decatur Rd., Suite 309  
Decatur, GA 30033  
770-939-0393

Please arrange ahead with your shipping company for pickup from the hotel at the end of the meeting.