

Texas Urological Society  
 Application for Exhibit Space  
**2018 Annual Meeting, June 7–9, 2018**  
 La Cantera Hotel • San Antonio

**MAKE CHECK PAYABLE TO: TEXAS UROLOGICAL SOCIETY • TUS TAX ID: 74-2420918**

Exhibiting Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Personnel who should receive exhibit confirmation materials (E-mail Address) \_\_\_\_\_  
*Note that all materials will be sent via email ONLY.*

Primary Contact Person \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Description of Product/Service \_\_\_\_\_

List firms you do NOT wish to be in close proximity to (list companies, not products) \_\_\_\_\_

<p><b>We would like to be a TUS Exhibitor:</b></p> <p><input type="checkbox"/> Platinum Level      \$6,000</p> <p><input type="checkbox"/> Gold Level              \$5,000</p> <p><input type="checkbox"/> Silver Level             \$3,000</p> <p><b>We would like to hold a Product Theater:*</b></p> <p><input type="checkbox"/> Friday Breakfast      \$10,000</p> <p><input type="checkbox"/> Friday Lunch            \$12,500</p> <p><input type="checkbox"/> Saturday Lunch        \$5,000</p> <p><small>* A contract will need to be signed, and you must be an exhibitor to participate</small></p>	<p><b>We would like to Participate in a Special Opportunity:</b></p> <p><input type="checkbox"/> Flash Drive of Syllabus Materials    \$1,500</p> <p><input type="checkbox"/> Hotel Key Card                            \$750</p> <p><input type="checkbox"/> Attendee Portfolio                        \$750</p> <p><input type="checkbox"/> Totebags                                    \$750</p> <p><input type="checkbox"/> Lanyards                                    \$750</p>
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**Payment Options**

Check enclosed in the amount of \$ \_\_\_\_\_ (payable to Texas Urological Society)

Payment By:  MasterCard     VISA     AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Signed Name (authorizes payment): \_\_\_\_\_

Send this form in now to secure your spot.

**Deadline to submit a completed application: May 10, 2018**

**PLEASE RETURN FORM TO:**

**Sylvia Hall**  
 Exhibits Manager  
 Texas Urological Society  
 401 W. 15th St., Ste. 100,  
 Austin, TX 78701-1680  
 Phone: (512) 370-1513  
 or fax (512) 370-1693,  
 or [sylvia.hall@texmed.org](mailto:sylvia.hall@texmed.org)  
[www.texasurologist.org](http://www.texasurologist.org)

# Exhibitor Terms & Conditions

**Payment Deadline:** In exchange for payment in full for the exhibit space contracted by the Exhibitor, TUS will provide exhibit space as outlined in the Exhibitor Regulations. Payment in full is due by **May 10, 2018**. It is not necessary to send payment with this application form, but payment must be received by the established deadline. Exhibitors whose applications and payment have been submitted and accepted by **January 17, 2018** will be listed in the initial physician registration brochure.

**Qualifications as an Exhibitor:** TUS show management will, in its sole discretion, determine whether a prospective exhibitor is eligible to participate in the TUS show. Exhibitors shall be limited to those whose products or services are related to urology, medical, professional or practice interests. The TUS reserves the right to refuse to provide exhibit space to any exhibitor not compatible with the general character and objectives of the TUS show, or if the TUS show is full upon receipt of the application.

**Cancellation Deadline: A full refund, minus a \$100 administrative fee, will be made to the Exhibitor only if written notice is received by May 10, 2018.**

If, after the contract is entered into, the TUS fails or is unable to provide an Exhibitor with the opportunity to exhibit at the TUS show, due to fire, strikes, authority of the law, act of God or any other cause or reason, and the Exhibitor is not responsible for such failure, the Exhibitor's sole and exclusive remedy shall be the return of all monies that it has paid in connection with the Application/Contract. In such case, the TUS shall bear no further liability or responsibility under such agreement.

EXHIBITOR AGREES TO BE RESPONSIBLE FOR HIS/HER OWN PROPERTY. EXHIBITOR SHALL RELEASE AND HOLD HARMLESS AND INDEMNIFY TEXAS UROLOGICAL SOCIETY FROM ANY AND ALL CLAIMS, OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, LAWSUITS, DAMAGES AND ASSESSMENT, INCLUDING LEGAL FEES, THAT RESULT FROM AN ALLEGATION OF NEGLIGENCE ON THE PART OF THE EXHIBITOR OR TEXAS UROLOGICAL SOCIETY OR THIRD PARTIES IN THE USE OF THE EXHIBIT SPACE OR ACTIVITIES IN CONNECTION WITH THE USE OF EXHIBIT SPACE.

**Acceptance of Application:** Acceptance of this application as an agreement between the Exhibitor and the Texas Urological Society will occur only when an official confirmation packet has been sent by TUS. It is understood that disapproval of an Exhibitor, per the terms outlined in the Exhibitor Regulations, will result in termination of the agreement without penalty to either party.

**Exhibitor Regulations Agreement:** The undersigned acknowledges and agrees to the Exhibitor Regulations as published by the Texas Urological Society (available at [www.texasurologist.org](http://www.texasurologist.org) or upon request) which are considered to be part of this agreement between the Exhibitor and the Texas Urological Society.

**Warranty of Authority:** The Exhibitor and person signing this application on its behalf represent and warrant that the undersigned person is a duly authorized and appointed agent of the Exhibitor, is fully empowered to bind the Exhibitor to all provisions contained in this agreement.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

*\*signature also valid for credit card payment information on the front of this application*

**PLEASE RETURN THIS APPLICATION WITH ANY PAYMENT TO:**



**Texas Urological Society**  
401 W. 15th Street, Ste. 100  
Austin, TX 78701  
Phone: (512) 370-1513 • Fax: (512) 370-1693  
**TUS Tax ID# 74-2420918**