

When sending shipments to the hotel, please label them in the following manner:

**Hold for Arrival:** FMDA's 33<sup>rd</sup> Annual Conference: Best Care Practices  
**Attention:** Guest Name (Hold for Arrival)  
**FedEx, UPS, or U.S. Post Office:** Signia by Hilton Orlando Bonnet Creek, 14100 Bonnet Creek Resort Lane, Orlando, FL 32821

**HOTEL RESERVATIONS:** FMDA has reserved a block of rooms at **Signia by Hilton Orlando Bonnet Creek, 14100 Bonnet Creek Resort Lane, Orlando, FL 32821**. The group rate is \$225 single/double occupancy; \$25 daily resort fee; discounted self-parking (\$18/day) and valet parking (\$35/day) for all attendees over the dates of the program; complimentary Wi-Fi service; and no daily resort fee.

To make a reservation, please call (407) 597-1805, or outside of office hours call (407) 597-3600, and mention you are attending FMDA – The Florida Society for PALTC Medicine / Best Care Practices conference. To guarantee rate and room availability, you must make your reservations no later than **Sept. 25, 2024**. This special group rate will be applicable three (3) days prior to and three (3) days following the main program dates, subject to availability. You may also reserve your hotel room at [www.bestcarepractices.org/venue.html](http://www.bestcarepractices.org/venue.html).

## APPLICATION to EXHIBIT

FMDA's Best Care Practices Trade Show • Nov. 1-2, 2024  
Signia by Hilton Orlando Bonnet Creek

DATE: \_\_\_\_\_, 2024

Please reserve for our use, at FMDA's 33<sup>rd</sup> Annual Trade Show, display space as requested below. We understand that our use of this space is subject to the conditions and terms outlined in this agreement, which, upon acceptance by FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine, shall become a binding, non-cancellable agreement between our organization and FMDA. **Each 6-foot tabletop display area costs \$1,995** if paid by **check** or by **credit card** at [www.bestcarepractices.org](http://www.bestcarepractices.org). An exhibitor may not share any part of its booth with another vendor, whether or not it is a related company. Full refunds apply to vendors whose application to exhibit is not accepted. Once submitted, this application is not cancelable or contingent upon any funding approval. This application is not considered accepted unless it is signed by an authorized representative of FMDA. Exhibit space will not be reserved for your organization unless payment in full is received in advance of the Annual Trade Show.

**Print exactly as your organization's contact information should appear in the conference syllabus and promotional material.**

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Booth representatives (up to 4 representative names badges included per booth, with a \$50 charge for each additional representative):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Description of Organization or Service:** If you would like to be included in the onsite trade show material, please **email a 50-word-maximum description of your company, its products, and/or services to [sbellotti@fmda.org](mailto:sbellotti@fmda.org) by Sept. 30, 2024**.

When making display assignments, please avoid the following competitors (if possible): \_\_\_\_\_

**Get Involved!** Join FMDA to network with LTC medical directors, attending physicians, pharmacists, PAs, and NPs. Distinguish your company from the competition by becoming an **Organizational Affiliate** member in good standing of FMDA.

- Yes! **Organizational Affiliate** annual member dues in the amount of **\$500** are enclosed.
- Yes! We want to reserve Sponsorship Opportunity D or E # \_\_\_\_\_, and/or Grande Sponsorship A / B / C \_\_\_\_\_.
- Early-Bird Rate:** The number of tabletop displays requested is \_\_\_\_\_. Display fees are **\$1,995** per display, or **\$1,895** for Organizational Affiliate members (with current membership through Nov. 30, 2024), for a total amount of \$ \_\_\_\_\_.
- a. A check in the amount of \$ \_\_\_\_\_, to cover the exhibit fee, membership dues, and sponsorship(s) is enclosed, or
  - b. A credit card payment of \$ \_\_\_\_\_, was made at [www.bestcarepractices.org](http://www.bestcarepractices.org) on \_\_\_\_\_ (date). We are e-mailing/faxing this completed and signed agreement directly to FMDA.

**\* Standard fee is \$1,995. Organizational Affiliate members receive \$100 member discount per tabletop display.**

*I have read the terms of this agreement and accept the stipulations as outlined, as the authorized representative of this company.*

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Application to exhibit approved by FMDA: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Make all payments payable to **FMDA or Best Care Practices** and return to:  
**FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine**  
3123 Breakwater Court, West Palm Beach, FL 33411  
Tel: (561) 689-6321 • Fax: (561) 689-6324 • Email: [ian.cordes@fmda.org](mailto:ian.cordes@fmda.org)

**FMDA is a not-for-profit 501(c)(3) corporation. Its federal tax identification number is 81-3438184.**