



**Spanish American Medical Dental Society of New York, Inc.**

**Sociedad Médica Dental Hispanoamericana de Nueva York**

Founded – Fundada en 1927

## **“XXXIV INTERAMERICAN MEDICAL DENTAL CONGRESS”**

Dear Sponsor:

The Spanish American Medical Dental Society of New York Co-Sponsored by St. Francis Hospital has organized the **“XXXIV Interamerican Medical Dental Congress”**. This event will take place on October 23& 24, 2010 at the Lincoln Medical Health Center, located on 234 Eugenio Maria de Hostos Blvd. (149<sup>th</sup> Street), Bronx 10451 (718) 579-5777.

We would like to extend you an invitation to participate in our Congress as an Exhibitor and support our Scientific Medical Dental Program.

The Spanish American Medical Dental Society of New York was founded in 1927, is a non-profit organization, 501 (c3) our Tax ID #23-7357061 and Tax Exemption 164332, whose Congress objectives are to explore the scope of different medical and dental problems, with emphasis on the latest advances in prevention and treatment. The Society has held this event for more than 30 years, with representation from the metropolitan and tri-state area.

Keep in mind that the booth space for exhibitors will be assigned on a “First Come, First Served” basis, therefore, it would be to your advantage to make your reservation along with your check as soon as possible.

We look forward to hear from your company at your earliest convenience.

Sincerely yours,

**Alfonso Correa, DDS**  
Director Scientific Committee  
XXXIV Interamerican Medical  
Dental Congress 2010



**“XXXIV Medical Dental Congress”  
“Exhibitor Prospectus”**

**Invitation to Exhibit:**

The Spanish American Medical Dental Society of New York, a non-profit organization invites you to reach over dentists (with specialties in periodontics, maxillofacial surgery, orthodontics, etc) and physicians (internal medicine, general medicine, surgeons, etc) at the Society’s **34<sup>th</sup> Interamerican Medical Dental Congress** to be held at the **Lincoln Medical and Health Center** on October 23<sup>rd</sup> and 24<sup>th</sup>, 2010. CE credits will be provided to the participants approved through the Queens County Dental Societies and CME through Lincoln Hospital. The meeting will exhibit pharmaceuticals, medical and dental equipment, health care products, publications, career opportunities and other products and services related to the medical and dental practice.

**Exhibit Schedule:**

Saturday, October 23, 2010: Exhibit Setup Time: 7:30 AM & Exhibits Open 8:00 am – 6:00 pm (to be confirmed)

Sunday, October 24, 2010: Exhibits Open: 8:30 am – 6:00 pm (to be confirmed)

Each booth space will be provided with a table approximately 4’ x 6’. Additional adjacent spaces will be purchased if your company needs a larger exhibit area. Each booth space will be located outside the Conference Room in the lobby area. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after the CME activity.

**Exhibitors Booth Fee:**

Promotional Fee -	\$1,500	2 Days
	\$ 850	1 Day

**Reserve Now!**

To reserve a booth space, return the enclosed **Contract** with your payment or call the Society to make a reservation for a Booth space to (516) 280-3235. The cut-off date for reservations is September 24th, 2010. Applications will be on a first-come, first serve basis. Exhibit Fee includes **booth space, listing of exhibiting company** in our meeting program.



### **Regulations**

a. Commercial Activities During Educational Activities

No commercial promotional materials shall be displayed or distributed in the same room immediately before, during or immediately after an educational activity approved for CME credit.

b. Commercial Supporters at Educational Activities

Representatives of commercial supporters may attend an educational activity, **but may not engage in sales activities** in the room where the activity takes place.

### **Payments for space:**

1. Full payment is required upon receipt of the Application.

### **Assignment Procedure of Exhibit Space:**

1. The booth space will be assigned on a “First Come, First Serve” basis.
2. All Exhibitors will be notified of the assigned spaces by mail, fax or email.
3. SAMDESNY reserves the right to assign and reassign spaces as it deems necessary

### **Liability:**

The exhibitors on behalf of itself, its employees, agents and invitees, and each other release any claims, demands or actions against the Spanish American Medical Dental Society (SAMDESNY), Lincoln Hospital Medical Center, their respective officers, directors, employees and agents, and each of them from any claims, demands or actions arising out of or as a result of any omission of the part of exhibitors, its officers, directors, employees, agents or invitees, and each of the result of its exhibitors or otherwise related to the Congress.

### **Responsibility:**

SAMDESNY shall not assume responsibility, nor shall the exhibitor look to SAMDESNY for any losses, direct or indirect, which may occur as a result of any of omissions, whether intentional or negligent on the part of SAMDESNY, its officers, employees and agents which may result from any activities.

### **Security:**

SAMDESNY shall use reasonable care in providing service during the hours of installation, the Congress, and dismantling for the protection of the exhibitor’s materials and display. Beyond this SAMDESNY, the Congress facility, their respective officers, directors and employees shall not be responsible for the safety or protection or the exhibitors, its employees and agents from any cause.



**Admission:**

SAMDESNY shall have the sole control over all admissions policies at all times. Non-exhibiting suppliers or vendors of goods and services will be prohibited from entering the exhibit hall. Badges must be worn at all times. Applications for exhibitor's space(s) must contain the name(s) of the exhibitor's attendees.

**Installation of Exhibitors:**

Installation of exhibitors will be on Saturday, October 23, 2010, and Sunday, October 24, 2010, from 7:30 to 8:00 am

**Failure to Occupy Space:**

Any space not occupied by Noon on October 23 and 24, 2010; shall be considered to have been abandoned and there shall be NO refund. SAMDESNY may reassign such space, at its discretion without obligation to exhibitor.

**Advertisers:**

If your company is unable to exhibit this year but would like to advertise in our program; a full or partial page will be available. Please call for a price quote to (516) 280-3235.

**Cancellations:**

Applicants who apply for space may cancel in writing prior to September 24th, 2010 and will receive a payment minus 20% handling fee charges.

Applicants who cancel after September 24th, 2010 will not receive a refund.

**Sponsorship of official Spanish American Medical Dental Society of New York activities (educational symposium, entertainment, ancillary functions, and focus groups) is available.**

**Please contact Soledad Fernandez at (516) 280-3235 or Dr. Alfonso Correa (212) 923-6672 or Dr. Harold Fernandez (516) 414-3169 or send us an email to: [samdesny@samdesny.org](mailto:samdesny@samdesny.org) for more information.**



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**SPANISH AMERICAN MEDICAL DENTAL SOCIETY OF NEW YORK**

**865 Merrick Avenue, Suite 170N, Westbury NY 11590**

**Tel: 516-280-3235**

**Fax: 516-280-3236**

**“XXXIV Interamerican Medical Congress”**

**October 23<sup>rd</sup> & 24<sup>th</sup>, 2010**

***Lincoln Medical and Mental Health Center***

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**Product Exhibit:** \_\_\_\_\_

**Staff Attending:** \_\_\_\_\_

**# Booth :** \_\_\_\_\_ **Total Spaces Rented:** \_\_\_\_\_ **Amt Cont for space(s) \$** \_\_\_\_\_

**Authorized Name:** \_\_\_\_\_

**Payment Method:** Check # \_\_\_\_\_ **Credit Card:** Visa Master AMEX

**Card #** \_\_\_\_\_ **Sec Code** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Address, State & Zip Code:** \_\_\_\_\_

**Exhibitors Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The officer signing this contract acknowledges that they have read and will be responsible for abiding with all the rules regulations set forth by the Society included in the prospectus.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Please mail this contract along with your check payable to: SAMDESNY