

# The 2025 Summer Conference Exhibit Space Application and Contract

Please complete the following company information as it will appear in conference literature. Complete information must be provided. *(Please print clearly and make a copy of this application for your records.)*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

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

**Exhibitor Categories** (please check one):

- Business/Legal/Financial Services
- Compounding Pharmacy/Lab
- Diagnostics
- Footwear
- Implants
- Lab/Pathology Services
- Lab Equipment
- Medical Devices/Supplies
- Nail/Skin Care
- Office Equipment/Supplies
- Orthobiologics
- Orthotics

- Pharmaceuticals
- Podiatric Boards/Associations
- Practice Marketing
- Software
- Surgical Instruments/Products
- Therapy
- Treatment/Operating Services
- Website/Publications
- Wound Management
- X-Ray/Imaging Services

Other *(please specify below)*:  
\_\_\_\_\_

**Table Top Preference:** Please review available table tops on the live Exhibit Hall Schematic accessible via a link on the FPMA 2025 Summer Conference page on the FPMA website at [https://www.fpma.com/fpma\\_2025\\_summer\\_conference.php](https://www.fpma.com/fpma_2025_summer_conference.php) *BEFORE* indicating your five preferences below. Placement cannot be guaranteed, but every effort will be made to honor your first choice. In areas of conflict, priority will be given to companies that have demonstrated financial support to the Association, as well as attendance seniority.

**1st** \_\_\_\_\_ **2nd** \_\_\_\_\_ **3rd** \_\_\_\_\_ **4th** \_\_\_\_\_ **5th** \_\_\_\_\_

List Exhibitors you do **NOT** want to be placed near. Every effort will be made to accommodate your request.

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

**Exhibitor Table Top Fees:** The standard table top fee is \$1,175 if secured by April 21, 2025 (after this date, the fee will be \$1,575). The premium table top fee is \$1,550 by April 21, 2025 (after this date, the fee will be \$1,950). An initial deposit of \$500 will be required to hold a table top. Balance will be due no later than May 9, 2025.

**No exhibit may be assembled until the exhibitor table top fee is paid in full.**

Visa      Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_  
 MasterCard      Cardholder Name \_\_\_\_\_  
 American Express      Cardholder Signature \_\_\_\_\_  
 Check Enclosed      Billing Address \_\_\_\_\_

**Please make checks payable to:** Florida Podiatric Medical Society      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Address:** 3375-F Capital Circle NE  
Suite 201  
Tallahassee, FL 32308

Charge for:  Entire table top cost       Deposit only

It is our pleasure to include two (2) complimentary name badges per table top. To receive a printed name badge, all company representative names must be submitted no later than May 23, 2025.

Any additional name badges may be purchased for \$45.00 each.

Badge Name(s): \_\_\_\_\_  
\_\_\_\_\_

Please read the Exhibitor Rules and Regulations portion of this application/contract and then print your name and sign below.

I hereby agree to the conditions and stipulations in this contract as stated in the Exhibitor Rules and Regulations and declare myself authorized executive officer of the company stated in this contract.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form via email or fax to FPMA at**  
**Email: [breeze@fpma.com](mailto:breeze@fpma.com)**  
**Fax: (850) 681-0899**