



Overview of the Conference:

The purpose of the 2023 FLAAEM Scientific Assembly program is to provide lifelong learning opportunities to physicians and other health care providers that aim to increase knowledge, attitude, skills, enhance practice performance and improve the delivery of emergency medical care. Continuing medical education credit is provided to participants. Pre-Conference Courses will be held on Friday, May 26, 2023 with the FLAAEM23 Scientific Assembly beginning the next day on Saturday, May 27th, 2023. The exhibit hall will be open throughout the day on Saturday, May 27th.

Conference Hotel Address:

Grand Beach Hotel Miami Beach
4835 Collins Avenue
Miami Beach, FL 33140

Target Audience:

The FLAAEM program targets a diverse audience of learners, both in terms of professional background and practice environment and attract 125-175 attendees. The audience is comprised primarily of emergency medicine physicians, board certified or board eligible, residents, and because of the increasingly interdisciplinary nature of modern medical practice, the program has also targeted affiliated health professionals including nurses and nurse practitioners, physician assistants, emergency medicine technicians and paramedics.

Exhibitor Information:

Booth Information

12 exhibit spaces are available at the Eleventh Annual FLAAEM Scientific Assembly. Each exhibit space will comprise an area approximately 7' deep by 7' wide. Each space will include a skirted six foot table and two chairs.

Exhibit fixtures will be permitted to a maximum height of 6 feet.

Exhibitor Fee: \$1,500

- One 6 foot skirted table and an approximate 7 foot by 7 foot space is provided. There is no pipe and drape dressing provided.
- Identification sign displaying organization name.
- General maintenance of the common areas of the exhibit room.
- Company listing including contact information in the final on-site syllabus.
- Access to networking opportunities throughout the conference and during the Opening Day Lunch Buffet & Evening Social.
- Deadline to register as an exhibitor is May 10, 2023.
- Exhibit fee includes premiere signage and recognition.
- Tax ID: 263697887

Options for Support*:

1. Designated Sponsor

- Breakfast, Saturday - \$2500
- Lunch-All Conference, Saturday - \$5500
- Evening Social, Saturday - \$2500

2. General Conference Support

- \$5000 – Platinum Level

- \$2500 – Gold Level
- \$1000 – Silver Level
- Other Amount

Examples of what your company's support achieves:

- Conference Lunch sponsorship – 20-25 minutes speaking time allotted during the conference's Saturday lunch hour. Brochures placed daily in the conference break-room and breakfast hall. Signage at the conference. Recognition in the program brochure and at the directors opening remarks.
- Conference breakfast sponsorship - Brochures placed daily in the conference break-room and breakfast hall. Premium positioning signage at conference. Recognition in the program brochure and at the directors opening remarks
- General conference support - Signage at conference and recognition, based upon level of sponsorship, in the program brochure and at the directors opening response.

***If interested in sponsorship opportunities, please contact FLAAEM staff member, Elizabeth Mueller, directly via the contact information listed below.**

FLAAEM Staff Contact – Elizabeth Mueller- Chapter Division Manager

American Academy of Emergency Medicine (AAEM)

555 East Wells Street, suite 1100

Milwaukee, WI 53202

(414) 918-3094

emueller@aaem.org

www.aaem.org

EXHIBIT APPLICATION, CONTACT & PAYMENT INFORMATION

List company name, address, telephone, fax and email as you wish them to appear in conference handout, and answer all questions below.

Company Name: _____

Exhibit Coordinator Contact: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Email: _____

Names of Company Representatives Attending to Create Name Badges

1) _____ 2) _____

3) _____ 4) _____

Will you need electricity for your exhibit table/booth? _____



Exhibit Fee: \$1500

Payment Information:

Method of Payment:

- ☐ Check enclosed, made payable to: *FLAAEM*
☐ Visa ☐ AMEX ☐ Master Card ☐ Discover

Card Number _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

FLAAEM23 EXHIBITOR RULES & REGULATIONS

The information you provided in this Exhibit Application and information provided at any other time during the conference, including without limitation any feedback obtained during the conference, will be used by the Florida Chapter Division of AAEM (FLAAEM) to offer, provide and continue to improve its Annual Meeting and other services. With your permission, FLAAEM will disclose information that is collected in the Exhibit Application

such as your name, organization, address, telephone and fax numbers, and email address for marketing purposes. FLAAEM will also use your email address to communicate important information regarding this event and for marketing purposes for future events.

FLAAEM will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such a purpose is related to the offer, provision and improvement of the Annual Meeting or where such purpose is permitted or required by law.

Do you agree to receive emails from FLAAEM for future meetings and offerings?*

Yes ☐ No ☐

You may revoke this consent at any time by updating your preferences at <https://aaem.execinc.com/edibo/Profile/>

Do you consent to being contacted by the FLAAEM22 Annual Meeting's hotel personnel and/or service contractors to coordinate logistical setup and provide information on additional services offered?

Yes ☐ No ☐

NOTE: FLAAEM is photographing this Annual Meeting. These photographs, along with your name and/or likeness, may be used in FLAAEM publications or on the FLAAEM or FLAAEM Annual Meeting websites. If you do not want your photo used, please inform the staff photographer at the time the photograph is taken.

As the exhibitor representative, I have shared the consent requests acknowledged in this privacy policy with all company representatives participating in this event and have the authority to consent for such representatives.

Yes ☐ No ☐

Note – yes is required in order to do a group registration.

Safe Environment Policy

FLAAEM is committed to providing a safe, productive, and welcoming environment for all meeting participants and FLAAEM/EDI staff. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, FLAAEM/EDI staff, service providers, and others are expected to abide by this Meeting Safety & Responsibility Policy. To view the full Safe Environment Policy please visit

www.aaem.org/about-us/our-values/safeenvironment-policy.

*** I have read and agree to the terms of this policy:**

INITIAL _____

RESPONSIBILITY CLAUSE

Exhibitor assumes responsibility and agrees to indemnify and defend the American Academy of Emergency Medicine, the Hotel and their respective owners, managers, subsidiaries, affiliates, employees and agents against any claims or expenses arising out of the use of the exhibition premises, arising out of the negligence, gross negligence or intentional misconduct of Exhibitors. The Exhibitor understands that neither the American Academy of Emergency Medicine nor the Hotel Parties maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.

Signature: _____ Date: _____

RECRUITING CLAUSE

If your company will be actively recruiting physicians on site, please read and indicate that you adhere to the following: I hereby attest that the position I wish to promote is one that provides a democratic and equitable work environment including provisions for due process and the absence of restrictive covenants. The position being advertised is one of the following: 1) employment by a hospital, university, or non-profit corporation or foundation, or 2) a physician group that is not owned directly or indirectly in part or in whole by a lay entity or individual.

Signature: _____ Date: _____

Liability

It is the responsibility of the exhibitor to have all licenses, permits, and/or registrations required by the venue, city, municipality and/or state. The exhibitor is responsible for compliance with all applicable tax laws.

Application Information

To reserve an exhibit space, please complete the exhibit application and answer all questions above. Please return completed form to FLAAEM with full payment. If an exhibitor wishes to cancel exhibit space after an assignment is made, written notification must be sent to FLAAEM. A full refund minus a processing charge of \$150 will be granted if cancellation is made by **May 17, 2023**. No refunds are given for cancellations made after May 24, 2023.

Please contact Elizabeth Mueller at 414-918-3094 or emueller@aaem.org with any questions regarding this invoice.

Please return a copy of this notice with payment to following address:

FLAAEM23 – Exhibitor
C/O AAEM
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202

