In 2019, MOCEP hosted the Emergency Medicine Leadership Summit. Due to the success of that event we are bringing back the conference for 2020 with a new name and opening it up for all emergency physicians.

May 20, 2020
Courtyard by Marriott - Columbia, MO

The Missouri College of Emergency Physicians is hosting the Missouri Emergency Medicine Symposium (MO EMS) to bring together emergency physicians from around the state.

The exhibit area will be open to attendees all day on May 20, with dedicated time for attendees to visit the booths throughout the day. Exhibitors will be able to join conference attendees for lunch and a networking reception at the end of the event.

This is your opportunity to connect with Missouri's Emergency Physicians!
### Exhibitors

- The event will be held at the Courtyard by Marriott, 3301 Lemone Industrial Blvd., Columbia, MO 65201
- Exhibitors will be featured on Wednesday, May 20, from 8:30 a.m. to 5:00 p.m. Conference begins at 9:00 a.m.
- Exhibitors may set up beginning at 7:00 a.m. on Wednesday, May 20.
- Exhibit booth fee is $750 per booth. Booth sizes are 8 ft x 6 ft.
- Booths include one 6 ft. table and two chairs.
- Fee includes two exhibitors; additional exhibitors will be $50/person.
- Exhibitors will receive a printed list of attendees at the conference and will be listed as an exhibitor in the conference handouts to attendees.

### Sponsorships

**Premium Sponsor - $2,000**
- Company name/logo on conference signage and materials
- Verbal recognition throughout the event
- Logo on event page on MOCEP website
- Company recognition at event luncheon with representative given 5 minutes on agenda to address the conference
- Exhibit booth with preferred placement
- Option to provide marketing piece in conference handouts
- Logo with link to company website included in a MOCEP EPIC newsletter
- Registration for two attendees

**Lunch Sponsor - $1,000**
- Company name/logo on conference signage and materials
- Logo on event page on MOCEP website
- Company recognition at event luncheon
- Option to provide marketing piece in conference handouts
- Registration for two attendees

**Reception Sponsor - $750**
- Company name/logo on conference signage and materials
- Logo on event page on MOCEP website
- Company recognition at reception
- Registration for one attendee

**Break Sponsor - $250**
- Company name/logo on conference signage and materials
- Logo on event page on MOCEP website

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**Hotel Accommodations:**

A small room block has been established for conference attendees and exhibitors at the rate of $109.00 per night. To get this rate, please use the following conference code based on your room preference:

- King with sofa sleeper - MCEMCEA
- Double Queen - MCEMCEB

Room reservations can be made by calling 573-443-8000 or online at www.marriott.com/coucy.

**ROOM BLOCK ENDS APRIL 20, 2020.**
Missouri Chapter – American College of Emergency Physicians

Missouri Emergency Medicine Symposium (MO EMS)

Application for Sponsorship

Sponsorship Level:
(If your sponsorship includes complimentary registration to the event. Please complete the representative(s) information below.)

- Premium Sponsor - $2,000*
- Lunch Sponsor: $1,000
- Reception Sponsor - $750
- Break Sponsor: $250

*If sponsoring at the premium level, please also complete the exhibitor application.

Company information to appear in sponsor list for attendees:

Company Name: __________________________________________________________
Address: ________________________________________________________________
City/State/ZIP: __________________________________________________________
Telephone: ______________________________________________________________
Email: _________________________________________________________________
Website: ________________________________________________________________

Person to receive additional Leadership Summit information:

Name: ________________________________________________________________
Phone: ___________________________ Email: ______________________________

Complimentary Registrations (if included in sponsorship level): Please include names of the individuals to receive complimentary registration as you want them to appear on name badges.

1. _______________________________ 2. _______________________________

Payment:
Please return this application to reserve your sponsorship and select your preferred payment option:
- Pay by check
- Pay by credit card (credit card payments are through PayPal)

For additional information, contact:

Cheri Martin, Exhibit Manager
P. O. Box 1028, Jefferson City, MO 65102
Phone: 573/636-2144  |  Fax: 573/636-8552
cmartin@msma.org  |  www.mocep.org
Missouri Chapter – American College of Emergency Physicians

Missouri Emergency Medicine Symposium (MO EMS)
Application for Exhibit Space

We, the undersigned, hereby make application for space at the MO EMS to be held May 20, 2020, at the Courtyard by Marriott, Columbia. We agree to pay a rental charge of $750 per booth to reserve our space.

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor’s activities on the Hotel premises and will indemnify, defend, and hold harmless MOCEP, the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims except for any claims, damages or losses arising out of the negligence or willful misconduct of the Hotel, MOCEP or its respective agents.

Name and signature of officer authorized to sign: ___________________________ Date: _________________

Company information to appear in exhibitor list for attendees:

Company Name: ____________________________________________________________
Address: _________________________________________________________________
City/State/ZIP: _____________________________________________________________
Telephone: _______________________________________________________________
Email: _________________________________________________________________
Website: ________________________________________________________________

Person to receive additional MO EMS information:

Name: ____________________________________________________________________
Phone: ______________________________ Email: ______________________________

Attendees: Please include names of the on-site exhibitors as you want them to appear on name badges. These names will also be included on the exhibitor list for attendees.

1. ______________________________________________________________________ 2. ______________________________________________________________________
3. ______________________________________________________________________ 4. ______________________________________________________________________

Please return this application to reserve your booth and select your preferred payment option:
_____ Pay by check  ______ Pay by credit card (credit card payments are through PayPal)

For additional information, contact:

Cheri Martin, Exhibit Manager
P. O. Box 1028, Jefferson City, MO 65102
Phone: 573/636-5151  |  Fax:  573/636-8552
cmartin@msma.org  |  www.mocep.org