EXHIBIT HALL FLOOR PLAN

Westin La Paloma Resort & Spa
Grand Ballroom and Grand Foyer
Southwestern Conference on Medicine®

The 29th Annual
SOUTHWESTERN CONFERENCE ON MEDICINE®
April 23 - 26, 2020 | Westin La Paloma Resort & Spa | Tucson, Arizona

EXHIBITOR PROSPECTUS
CONFERENCE INFORMATION AT WWW.TOMF.ORG/CME

Premium Table Top Display Benefits Include:
• increased Conference participant traffic
• higher visibility
• more spacious setting
• stunning views of the Santa Catalina Mountains

GRAND BALLROOM

GRAND FOYER

General Session

Premium Table Display Area

Arizona Deck

Arizona Deck

1P 2P 3P

1P 2P 3P

4P 5P 6P
We invite you to join us for our twenty-ninth year of quality, engaged learning at one of the finest destinations in the Southwest.

Reach over 500 osteopathic (DO) and allopathic (MD) primary care physicians, physician assistants (PA), and nurse practitioners (NP) from the Tucson metropolitan area and nationwide. This is the perfect opportunity to make important contacts with medical professionals who benefit from your products and services.

Networking Opportunities

The Conference exhibition provides 8.75 hours of time to exhibit your products and services to the Conference participants, including 2.75 hours of exclusive exhibit time during breakfast, refreshment breaks and lunch.

Exhibit Schedule and Information:

Move-in: Thursday, April 23* 3:30 pm - 5:30 pm
Exhibit Hours: Friday, April 24 6:00 am - 7:00 am
Breakfast 7:00 am - 7:30 am
Morning Break 9:30 am - 10:00 am
Lunch 12:00 pm - 1:15 pm
Afternoon Break* 2:15 pm - 3:45 pm*
*featuring prize drawings for participants who visit each of the exhibitors!

Move-out: Friday, April 24 3:45 pm - 5:00 pm
Exhibit Location: Westin La Paloma Resort & Spa, Grand Ballroom and Grand Foyer.

Booth Fees: $1,500 per premium table top display (increased visibility location in the Grand Ballroom and Grand Foyer)
$1,000 per basic table top display

Product/Service to be Exhibited:

Company Name (to appear on signage):
Company Website:
City/State/Zip:
Contact Phone:
Contact E-Mail:

2019 Exhibitors

Academy of Integrative Health & Medicine
Astellas
Allegiance Direct
Astellas CNS
Astellas GI
AstraZeneca Diabetes
AstraZeneca Respiratory
Atrial Fibrillation Foundation
Boehringer Ingelheim
Desert Sky Spine and Sports Medicine
GliaX SmithKline
Global Cello
Iora Primary Care
Janssen Pharmaceuticals, Inc.
Lilly
Liveyon, LLC
Mayo Clinic
Novartis
Novo Nordisk
Pain Institute of Southern Arizona
Pfizer
Pima Pain Center
ProActive Physical Therapy
Radiology Ltd.
Radius Health
Sanofi
Sanofi Genzyme
Save the Cord Foundation
Serenity Senior Services
Sorona Quest Laboratories
Steward Healthcare Network
TMC Healthcare
Tucson Orthopaedic Institute, PC.
University of Arizona Center for Integrative Medicine
University of Arizona Center for Management Innovations in Healthcare
US Army Healthcare Recruiting

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Exhibit Space Application and Agreement

Company or Organization Name:
Address: 
City/State/Zip: 
Published Phone: 
Published Fax: 
Company Website: 
Company: 
Primary Contact for Event Communications: 
Contact Phone: 
Contact E-Mail: 
Listing for Conference Materials

- Listing on Prize Drawing Card*
- Listing and/or logo on event signage*
- Listing in Conference mobile app*
- Listing in Conference handout*
- Pre-conference attendee list
- $1,000 per basic table top display (Grand Ballroom)
- 1st Choice: 2nd: 3rd: 
- Premium Table Top Display (P): $1,500 
- Basic Table Top Display: $1,000
- Yes No
- (If yes, send 300 dpi .png and .jpeg files to nicole@tomf.org or jessica@tomf.org)

Product/Service to be Exhibited:

Listing for Conference Materials

(application and payment must be received by April 8, 2020 to guarantee inclusion)

Use Logo on Event Signage: 
Company Name (to appear on signage):

To Reserve Your Space, Please Mail, Fax, or E-Mail Form to:
Nicole Struck, Program Director or Jessica Boerman, Program Assistant
Tucson Osteopathic Medical Foundation, 3182 N. Swan Road, Tucson, AZ 85712
(520) 299-4545, (800) 201-8663, Fax (520) 299-4609, nicole@tomf.org or jessica@tomf.org

Payment (Check One, Full Payment Due with Application):

- Visa - Mastercard - Amex - Discover - Check (Tax ID: 74-2449503) 
- Total Amount Enclosed: 

Card Number: Expiration Date: Card Billing Zip: 
Cardholder Name: 
Cardholder Signature: 
CCV# (3 digit number on back of card):

Exhibit space will be confirmed when payment is received.