



# CHANGEMEDED<sup>®</sup> 2019

## EXHIBITOR PROSPECTUS

Sept. 18–21, 2019 | Chicago

### TABLE OF CONTENTS

Introduction.....	2
Exhibitor and sponsorship opportunities .....	3
Showcase Solutions space .....	4
Apply to be an exhibitor .....	5
Rules and regulations .....	6



Co-sponsored by the **AMA Foundation.**

# WHAT IF YOU COULD SHAPE TOMORROW'S PHYSICIANS TODAY?

Imagine educating physicians across the continuum—medical school, residency training and beyond—in ways that empower them to grow at every stage of their careers, meet the needs of the patients they care for and facilitate improvements in care delivery.

Imagine physicians who not only adapt to change but are equipped to lead change to improve health care quality for their patients, their communities and the greater population—all within our rapidly evolving health care environment.

The American Medical Association is making this vision reality. The AMA Accelerating Change in Medical Education Consortium, comprised of 32 leading medical schools, has spent the last five years transforming medical education to create the medical schools of the future. While that important work continues, the AMA is extending its reach across the continuum. The "Reimagining Residency" initiative is a groundbreaking grant program created to transform residency training and support bold innovations that address the workforce needs of our current and future health care system.



● PREPARING TODAY'S LEARNERS FOR TOMORROW'S PRACTICE

● PROMOTING AN OPTIMIZED LEARNING ENVIRONMENT THAT ENABLES WELL-BEING

● INCORPORATING EMERGING TECHNOLOGIES

● ESTABLISHING A SAFE TRANSITION TO RESIDENCY

● TEACHING AND ASSESSING HEALTH SYSTEMS SCIENCE

● ADVANCING COMPETENCY-BASED MEDICAL EDUCATION

## HOW WILL YOU CONTRIBUTE TO MEDICAL EDUCATION INNOVATION?

**Join us and share your vision to optimize, re-envision and transform medical education across the continuum.**

The AMA's ChangeMedEd® 2019 conference will bring together innovators and influencers in medical education and related health care fields to network, collaborate and transform medical education across the continuum. This community of innovators will inspire and promote systemic change in medical education to meet the needs of physicians in training and their patients.

# EXHIBITOR AND SPONSORSHIP OPPORTUNITIES

GAIN EXPOSURE THROUGH OUR SOLUTIONS SHOWCASE

Exhibiting in the ChangeMedEd® 2019 Solutions Showcase gives you an exclusive opportunity to engage and network with other visionaries from medical education, health systems and related fields.

The conference brings together leaders to generate and share bold ideas and proven implementation approaches to create the medical schools of the future.

Join us and share your vision and leadership to bring innovation to medical education.

*A limited amount of exhibit space is available in the Solutions Showcase. Please complete the application on **page 5** to reserve your space.*

## SOLUTIONS SHOWCASE HOURS

*(Anticipated show hours with no competing conference programming, subject to change)*

**Wednesday, Sept. 18**    **Friday, Sept. 20**  
 Opening reception:    Lunch:  
 4-5:30 p.m.            11:30 a.m.-1 p.m.

**Thursday, Sept. 19**  
 Lunch:  
 11:30 a.m.-1 p.m.

Poster session:  
 4-5:30 p.m.

## SOLUTIONS SHOWCASE OPPORTUNITIES INCLUDE:

\$5,000 (PREMIUM)
Premium placement of turnkey hardwall exhibit pod in exhibit hall near the entry or food/beverage distribution area
Signage in exhibitor hall
Company header signage
Two (2) exhibit passes
Rolling slide recognition as a premium exhibitor

\$3,500 (STANDARD)
Turnkey hardwall exhibit pod
Company header signage
Two (2) exhibit passes

ADDITIONAL OPPORTUNITIES	
Networking lounge (\$10,000)	Sponsor signage within the lounge, table drop, refreshments
Charging station (\$10,000)	Sponsor signage at charging station located in high-traffic area
Coffee break (\$10,000)	Exhibit hall refreshment break
Registration bag insert (\$2,500)	Opportunity to have sponsor literature in registration bags

Contact Juana Anderson to learn how to customize and maximize your visibility!

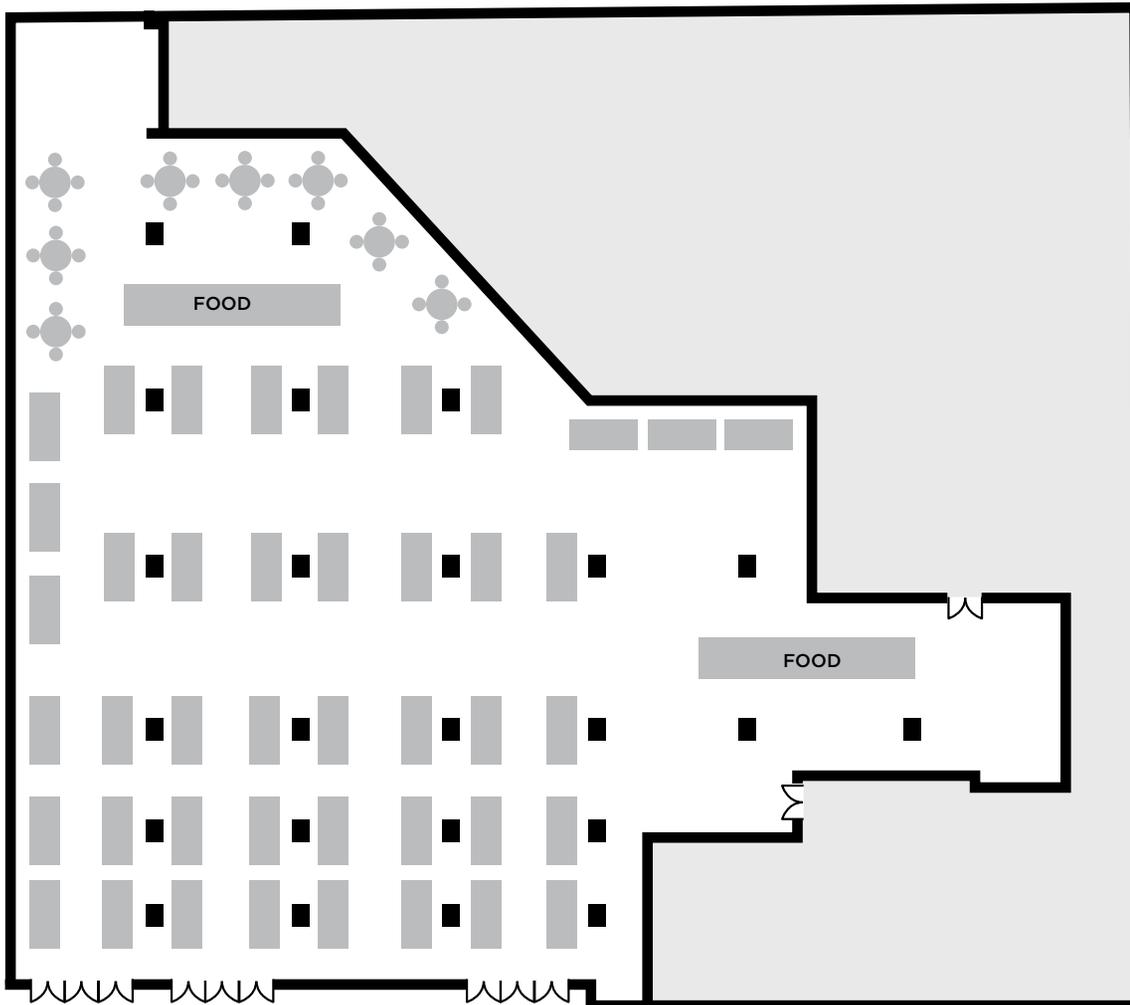
Juana Anderson  
 ChangeMedEd\_Support@bostrom.com  
 or Telephone: (312) 596-5282

Co-sponsored by the **AMA Foundation**.

Sponsorship packages for the ChangeMedEd® Conference as a whole are available. Please contact Ivy Gard at the AMA Foundation at ivy.gard@ama-assn.org or (312) 464-5354 for more information.

# SOLUTIONS SHOWCASE SPACE

ChangeMedEd® 2019 will be held at the Sheraton Grand Chicago, Chicago's premier downtown riverfront hotel, just steps from Michigan Avenue shopping, Navy Pier and Millennium Park. The exhibits, along with food and beverage breaks, will be held in the fully carpeted Exhibit Hall on the Riverwalk Level.



# EXHIBIT SPACE RESERVATION

1	MAIN EXHIBITOR CONTACT		TITLE	
	COMPANY NAME			
	STREET ADDRESS			
	CITY		STATE	ZIP+4
	PHONE		EMAIL	
	CELLPHONE		WEBSITE	

2	LOGISTICS CONTACT (IF DIFFERENT FROM ABOVE)		TITLE
	PHONE		EMAIL

### 3 EXHIBIT SPACE FEES

- Premium (\$5,000)
- Standard (\$3,500)

### 4 SPACE ASSIGNMENT

Exhibit space will be assigned on a first-come, first-served basis.

### 6 CANCELLATION POLICY

Cancellation of exhibit space must be made in writing and sent to [ChangeMedEd\\_Support@bostrom.com](mailto:ChangeMedEd_Support@bostrom.com). In event of cancellation, the following fees or withholds will apply. If the cancellation occurs after contract signature - May 15, 2019, the vendor pays 25% of total amount due; from May 16, 2019 – Aug. 15, 2019, 50% of total amount due. After Aug. 15, 2019, no refunds unless the entire exhibit hall is sold out and the canceled space is resold (less a \$500 processing fee).

### 7 PAYMENT INFORMATION

Full payment is due by Aug. 15, 2019. Please see the "Rules and Regulations" for details. AMA will invoice following receipt of this application.

PAYMENT AMOUNT
\$

- Check payable to AMA for full amount indicated is enclosed. (mail check to PO Box indicated on the application, and email a copy of your application to Juana Anderson at [ChangeMedEd\\_Support@bostrom.com](mailto:ChangeMedEd_Support@bostrom.com))
- Check if paying by credit card, and return application to Juana Anderson at [ChangeMedEd\\_Support@bostrom.com](mailto:ChangeMedEd_Support@bostrom.com). Your confirmation will contain an invoice with a secure link for processing your credit card payment.

8 By signing below, I warrant that I have read, understand and agree to all the terms of this contract, including the Rules and Regulations for exhibitors included below (the "Agreement"). Additionally, I certify that I am authorized to execute this Agreement and legally bind and obligate the company that is identified above to the obligations and duties set forth in this Agreement.

**To be completed by AMA:**

COMPANY
PRINT FULL NAME
TITLE
PLEASE SIGN HERE

DATE RECEIVED
EXHIBIT #
RECEIVED BY

# RULES AND REGULATIONS

**9 APPROVAL**—The AMA reserves the right to reject the proposed exhibitorship of, or the exhibitor payment offered by, a company. Rejected exhibitors will receive a full refund.

**PAYMENT**—All payments for exhibit space must be received by Aug. 15, 2019. Unpaid exhibit space may be released if payment is not received by the deadline.

**SHARING OF EXHIBIT SPACE**—Exhibitors may not share, sublet or lease exhibit space to another company or individual. Under no circumstances can two companies or entities share a single exhibit pod.

**HOSPITALITY SUITES**—Hospitality suites may be available at the host hotel. Suites are available only to confirmed exhibitors who are also responsible for the hotel's per diem rate plus any incidental charges such as room service. Please contact Juana Anderson at [ChangeMedEd\\_Support@bostrom.com](mailto:ChangeMedEd_Support@bostrom.com). for information.

**EXHIBIT DISPLAY LIMITATIONS**—Exhibitors must take caution not to impair the line-of-sight of adjacent exhibits. Show management reserves the right to make final determination about any necessary adjustments in displays to correct line-of-sight infractions. Each exhibitor is responsible for the cost of securing materials to cover any exposed and unfinished portions of their exhibit structure.

**ADVERTISING/CASH SALES AT THE HOTEL/EXHIBIT HALL**—Mass distribution of invitations, handbills, stickers, etc. outside of each exhibitor's exhibit area either by hired staff or personnel is strictly prohibited. Any removal expenses incurred by show management due to any infraction of this rule will be billed to the offending exhibitor. Exhibitors may not make cash sales of any product at their exhibit.

**PROTECTION OF THE BUILDING**—Signs or displays may not be taped, posted, thumbtacked, nailed or otherwise affixed to any part of the venue outside of each exhibitor's rented exhibit space.

**LIABILITY**—The Exhibitor, including its employees, personnel, agents, guests or visitors, hereby releases, relinquishes, discharges and agrees to indemnify, protect and hold harmless the American Medical Association (AMA) and its representatives, trustees, employees and agents from any and all claims, demands, liabilities, costs and expenses for injury, including death to persons, and any loss of or damage to property caused by growing out of, or happening in connection with the use of or enjoyment by: the exhibiting company, its management, personnel, agents, guests or visitors of the hotel and convention center facilities or equipment and booth.

**INSURANCE**—Exhibiting companies are responsible for insuring their own display/ materials/personnel and associated equipment. Neither the AMA, its representatives, employees or agents nor the venue may be held responsible for damage to or loss/ destruction of displays/materials. All claims for any such loss, damage or personal injury are hereby waived by the exhibiting companies.

**AMENDMENTS**—These Rules and Regulations may be amended and are to be enforced as interpreted by the AMA. Any situation not covered by these rules and regulations is subject to determination of the AMA.

**ACCEPTANCE OF TERMS**—I, the duly authorized representative of the above company, on behalf of said company, have read and agree to abide by the rules and regulations outlined in this contract. I have completed all sections of this application according to the instructions. I understand that violations of any of these regulations by my company are subject to such penalties as may be recommended by the AMA, including possible exclusion from future AMA events.

## 10 RETURN FORM TO:

**Retain a copy of this form for your files. Return the original with your payment to:**

American Medical Association  
PO Box 75888  
Chicago, IL 60675-75888