



**Maryland
Medical
Directors
Association**

STATE CHAPTER OF AMDA

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2009-2010**

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Hagerstown, MD

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Baltimore, MD

Send Business Correspondence

to:

**Maryland Medical Directors
Association (MMDA)**

Att'n: Debbie Sciabarrasi

1211 Cathedral Street

Baltimore, MD 21201-5583

P: 410.539.0872

F: 410.975.4625

E: mmdawebsite@gmail.com

Website:

www.marylandmda.org

August, 2011

Dear Industry Partners:

We invite you to meet and connect with our membership by participating as an exhibitor and/or sponsor at the **Maryland Medical Directors Association's Annual Conference** on November 11 – 12, 2011 at the Lowes Annapolis Hotel, 126 West Street, Annapolis, MD 21401. This local networking opportunity will bring together 80 -100 long term care professionals including, medical directors, attending physicians, advanced practice nurses, directors of nursing, and administrators.

To make this conference a success, we need your support. In addition to the educational programming, there will be an opportunity for you to share your company message, products, and services with our attendees through an exhibit table. The exhibit fee is \$1,000. In order to enable quality interaction with attending healthcare professionals, exhibit space will be limited.

To secure your space, please complete the attached Exhibitor Prospectus and Contract and return it to the MMDA office. Checks should be made payable to the Maryland Medical Directors Association and mailed to MMDA, attention Debbie Sciabarrasi, 1211 Cathedral Street, Baltimore, MD 21201. Our tax ID is 52-1936773.

If you have any questions regarding the MMDA Conference, please contact the MMDA office at 410-539-0872, ext. 3303 or email dsciabarrasi@medchi.org.

Sincerely,

Harold Bob, M.D.
President



Dedicated to Long Term Care in Maryland

Maryland Medical Directors Association Annual Conference

November 11 - 12, 2011

Lowes Annapolis Hotel

Exhibitor Prospectus and Contract

- Exhibit Table (six foot table) – \$1,000
See Separate Order Form from Lowes Annapolis Hotel for Electricity & Internet
- Provide an educational grant of: \$ _____
- Other sponsorship – Please let us know what type of support you can provide:
Examples – lanyards, bags, coffee/snack break

Company Name _____

Representative _____

Mailing Address _____

Phone _____ Fax _____ E-mail _____

A Check Is Being forwarded to MMDA ~~~~~ TAX ID# 52-1936773

Please call the Lowes Annapolis for hotel reservations: 1-800-526-2592

Terms of Contract:

Deadline for Applications – November 1, 2011. Payment is due with contract.

Exhibit time: Saturday, November 12, 2011 from 7:00 a.m. to 3:00 p.m. Set up 11/12 by 6:45 a.m.

Cancellations must be received in writing. There is a \$100 cancellation fee if a cancellation is received by November 1, 2011. Cancellations after November 1, 2011 will result in a full forfeiture of exhibit fee.

Signature _____ Title _____ Date _____

Mail this form and payment to:

MMDA

Attention: Debbie Sciabarrasi

1211 Cathedral Street

Baltimore, MD 21201-5583

Phone: 410-539-0872, ext. 3303

Fax: 410-975-4625

Email: mmdawebsite@gmail.com

Thank you for your support!



EXHIBITOR ORDER FORM

Exhibitor/Company Name:
Meeting Name:
On Site Business Partner:

ITEM	QUANTITY	PRICE	# OF DAYS	TOTAL
Power strip		\$ 15.00		\$0.00
Extension Cord		\$ 10.00		\$0.00
Wireless Internet		\$ 100.00		\$0
Boxes		\$ 3.00		\$0.00
32 inch Plasma Monitor		\$ 265.00		\$0.00
				Subtotal
				\$0.00
				21% Service Charge
				\$0.00
				6% Tax
				\$ -
				Total Amount Due
				\$0.00

***Estimated Total is subject to change based on actual meeting requirements as well as any on site changes. Please return exhibitor order form to Chera Howey, Catering Manager via fax at 410.263.7813 or via email at chowey@loewshotels.com.**



LOEWS

HOTELS - RESORTS

BUSINESS SERVICES CENTER
NASHVILLE

Credit Card Authorization Form

I hereby authorize the Loews Annapolis Hotel to charge my credit card for the following:

- Room & Tax
- Room, Tax, F&B
- All Charges
- Other _____

Type of Credit Card (please circle):

American Express / Visa / Mastercard / Discover / JCB / Diner's Club

Card Number: _____ Exp Date: _____

Security Code: _____ (4 digits on front of AX, 3 digits above sig line on other cards)

Printed Name of Cardholder: _____

Address: _____

Telephone Number (Day): _____ (Night): _____

Name of Group: _____

Arrival: _____ Departure: _____ Rate: _____

- Please complete this form in full **and fax to 615-340-5836**, along with a clear copy of both sides of the credit card to be charged and a copy of the cardholder's photo ID.
- Please be advised that your credit card will be charged in full upon receipt of this form.

Card Holder's Signature: _____ Date: _____

(Hotel Use Only)

Senders Name _____

Senders Phone Number _____

Senders Email _____