

RESIDENCY PROGRAM SPONSOR/EXHIBIT REGISTRATION

Midwest Medical Student Symposium Emergency Medicine Residency Fair

Saturday, April 25, 2020

Set-Up: 12:00 pm - 1:00 pm

Residency Fair: 1:00 pm - 3:00 pm

Hilton Garden Inn Toledo/Perrysburg

6165 Levis Commons Blvd

Perrysburg, Ohio 43351

What is the Midwest Medical Student Symposium Residency Fair?

The Residency Fair provides Program Directors, Coordinators, Faculty and Resident Leaders with *the* best opportunity to meet with medical students from all over the nation looking to match with EM residency programs. Now entering its 6th year, around 200 highly engaged medical students from more than 20 medical schools are expected to attend in 2020!

What is included with the \$175 residency sponsor/exhibitor fee?

- Admission for up to 4 residency representatives
- 6' table to showcase your EM residency program
- Medical Student attendee mailing list
- Linked advertising on event website and social media
- Printed advertising in event program

What can I bring to advertise our residency program at our exhibit table?

Brochures, business cards, handouts, tabletop signs, freebies, swag, logo items and giveaways.

"The Residency Fair was fabulous. The ability to network with peers and program leaders of some of the best emergency medicine programs is simply a wonderful opportunity. It is so nice to see candidates on my interview schedule who I initially met at the Fair. Go! You won't be disappointed."

Sorabh Khandelwal, MD;
Program Director,
The Ohio State University

REGISTRATION & PAYMENT (Registration Deadline: April 10, 2020)

To be invoiced, contact Ohio ACEP at 614-792-6506 or sposey@ohacep.org

Formal Residency Program Name: _____

Primary Contact: Name _____ Phone _____ Email _____

We plan to bring [#] of leaders/representatives to the Fair (please attach names of reps, if known): _____

Residency website: _____

Residency social media (optional but recommended):

Facebook @ _____ Twitter @ _____ Instagram @ _____

Total \$ 175 Payment Method: Visa Mastercard AMEX Check (Payable to Ohio ACEP)

Name on Card _____

Card # _____

Exp Date _____ Security Code _____

SEND FORM & PAYMENT:
Ohio ACEP (Tax ID #31-0923040)
3510 Snouffer Rd, Ste 100
Columbus, OH 43235
Phone: (614) 792-6506
E-mail: sposey@ohacep.org
Web site: www.ohacep.org