INVITATION TO EXHIBIT

***UCSD 2022 Perioperative Echocardiography Review Course***

# *January 15-17, 2022*

Dalia A. Banks, M.D., FASE, Course Director

**LETTER OF AGREEMENT**

We cordially invite you and your company to exhibit at the *2022 UCSD 9th Annual Perioperative Echocardiography Review Course.* Expected anesthesiologists, intensivists, and residents/fellows attendance at this meeting is more than 120. Exhibitor registration guidelines are as follows:

1. Deadline for reservations is **November 26, 2021.**

2. One or two 8-foot table (draped) and two chairs will be provided for each exhibit.

3. One electrical outlet per exhibit will be provided.

4. The exhibit fee entitles the company to designate 2 representatives who will be invited to participate in all aspects of the program, including lectures, coffee breaks, and snack breaks.

6. **Exhibits may be set up on Saturday, January 15, 2022, at 6:00 AM, in the Foyer of the Hyatt Mission Bay Shipping information will be sent closer to the event.**

7. Exhibit Hall open hours will be:

Saturday, 1/18/20 from 7:00 AM – 5:00 PM

Sunday, 1/19/20 from 7:00 AM – 5:00 PM

Monday, 1/20/10 from 7:00 AM – 4:00 PM

8. ALL COFFEE AND SNACK BREAKS WILL BE IN THE FOYER

9. Housing for company representatives is not included, but can be arranged by contacting the hotel directly and mentioning you are exhibiting at the course.

Hyatt Regency Mission Bay

1441 Quivira Road, San Diego, CA 92109 USA

T +1 619.221.4821

10. Audio-visual equipment is not included.

11. For further information, please contact the course coordinator at tee-review@ucsd.edu.

**TO RESERVE EXHIBIT SPACE FOR THE 9*th Annual UCSD Perioperative Echocardiography Review Course*, SEND A CHECK (PLEASE SEE PAYMENT OPTIONS ON PAGE 1) PAYABLE TO: "UC Regents" AND INCLUDE THIS SIGNED LETTER OF AGREEMENT BY NOVEMBER 26, 2021, TO:**

Attn: Ileana Ramirez, TEE Course Coordinator

University of California, San Diego

9500 Gilman Dr #0898, La Jolla, CA  92037-0898

tee-review@ucsd.edu

Company Name (print/type):

Representatives' Names: 1) 2)

Send Conference Details To: E-Mail: Phone:

Address: City: State: Zip:

Amount Enclosed: $ for exhibit spaces. Needs electricity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VENDOR SIGNATURE OF AGREEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**