Sentara®

INSTRUCTIONS FOR EXHIBIT SPACE ONLY

Sentara Health CME Conference – Exhibit Application

Activity: 2026 Regional Shock Symposium

Course Director: *Christopher Sciortino, MD*

PROVIDER: **Sentara Health**

DATE: **Saturday, November 14, 2026**

VENDOR HALL: **Hilton Norfolk The Main**

LOCATION:
Norfolk Hilton, The MAIN
100 E. Main Street
Norfolk, VA 23510
Telephone: 757-763-6200
http://www.themainnorfolk.com

EXHIBIT FEES:	**Platinum Level**	**$ 5,000.00**	**Please see prospectus for details.**
	Gold Level	**$ 3,000.00**	**Please see prospectus for details.**
	Silver Level	**$ 1,500.00**	**Please see prospectus for details.**

PAYMENT SCHEDULE: Full payment of the fee is due by **November 2, 2026**

*Please make checks payable to **Sentara Health**. If full payment is not received by the stated deadline, the assigned space may be released for resale without further notification. The $150.00 non-refundable deposit will be forfeited in the event of a refund request. No refunds will be issued after November 2, 2026.*

TABLETOP ASSIGNMENTS: Table assignments will be made by Event Staff.

EXHIBIT INSTALLATION: **Saturday, November 14, 2026, 6:00 - 7:00am**

EXHIBIT HOURS: **Saturday, November 14, 2026, 7:00am – 4:30pm**

Any movement or relocation of equipment within the exhibit area must be performed by authorized personnel only. All electrical hookups or disconnections must be completed by the official exhibition services provider or venue personnel qualified to perform these tasks. Exhibitor representatives are required to provide booth coverage during all designated exhibit hours. Exhibitors will be held responsible for any damage to the site property or premises resulting from their actions or the actions of their booth personnel.

EXHIBIT COORDINATOR:
Maggie Ruch
Continuing Medical Education
757-974-0565; mxruch@sentara.com

Sentara

Conference Promotional Activity Application to Exhibit

2026 Regional Shock Symposium

Saturday, November 14, 2026; Norfolk Hilton, The Main, Norfolk, Virginia

Company Name: _____

Names of Exhibit Representatives: 1st Name: _____

Email: _____

2nd Name: _____

Email: _____

Office Address: _____

_____

_____

Phone: _____ **Fax:** _____

Business Office Point of Contact: _____

Business Office Email: _____

❒ ***Please check to add one electrical hook-up***

PAYMENT SCHEDULE: **Full payment of the fee is due: November 2, 2026.**

Please make checks payable to "Sentara Health".

If full payment is not received by the stated deadline, the assigned space may be released for resale without further notification. The $150.00 non-refundable deposit will be forfeited in the event of a refund request. No refunds will be issued after November 2, 2026.

Remit Payment to:

Sentara Health
Attn: Elena Neal
1300 Sentara Park (W2-07)
Virginia Beach, VA 23464

By signing this form, I certify that I am an authorized representative of the organization listed above and agree to the conditions outlined. I acknowledge that the organization will provide the funding specified and will adhere to all applicable standards for commercial support, including the ACCME Standards for Integrity and Independence in Accredited Continuing Education and other relevant industry codes.

_____ _____
Signature Date

_____
Print Name