INSTRUCTIONS FOR EXHIBIT SPACE ONLY

Sentara Health CME Conference – Exhibit Application

Activity: 2027 Sentara APP Conference - APPs: Driving the Future of Healthcare

Course Director: *Michael Hooper, MD*

PROVIDER:	**Sentara Health**
DATE:	**Thursday April 29, 2027 to Friday April 30, 2027**
VENDOR HALL:	**Hilton Virginia Beach Oceanfront**
LOCATION:	**Hilton, Virginia Beach Oceanfront** 3001 Atlantic Avenue, Virginia Beach, VA 23451 Directions

EXHIBIT FEES: **$ 1,700.00** **Please see prospectus for details.**

PAYMENT SCHEDULE: Full payment of the fee is due by **April 16, 2027**

*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 April 16, 2027.*

TABLETOP ASSIGNMENTS: Table space will be assigned in order of receipt of payment.

EXHIBIT INSTALLATION:	**Thursday, April 29, 2027, 7:00am – 10:00am**
EXHIBIT HOURS:	**Thursday, April 29, 2027 9:00am to Friday, April 30, 2027 3:30pm**
EXHIBIT TEAR DOWN:	**Friday, April 30, 2027 3:30pm – 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 Wagoner**
Continuing Medical Education
757-974-0565; mxruch@sentara.com

Sentara

Conference Promotional Activity Application to Exhibit

2027 Sentara APP Conference - APPs: Driving the Future of Healthcare

Thursday, April 29 – Friday April 30, 2027; Hilton, Virginia Beach Oceanfront

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: April 16, 2027.**

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 April 16, 2027.

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