

Exhibit Space Request

Form may be completed online at <https://kcswcs.memberclicks.net/2025fallexhibit>

Kansas City Southwest Clinical Conference's

103rd Annual Fall Clinical Conference

November 6-8, 2025

Overland Park Convention Center, 6000 College Boulevard, Overland Park, KS

Company: _____ Contact Person: _____

E-mail: _____ Phone: _____

Website: _____ Product: _____

If possible, please do not place our company next to the following companies:

Preferred Location: Every effort will be made to assign you one of your booth selections (see map inside). However, booth assignments are reserved on a first-come, first-served basis. If none of your selections are available, we will assign you a location.

1st _____ 2nd _____ 3rd _____ 4th _____

Payment - KCSWCS Federal Tax ID: 44-0309060

_____ Total number of premium spaces requested: \$1600 each.

_____ Total number of meals requested: \$40 each. ____ # for Thursday ____ # for Friday

☐ Check is enclosed. Make check payable to KCSWCS.

☐ Check mailed prior to meeting. Payment must be received before a space is assigned.

☐ Pay online at <https://kcswcs.memberclicks.net/2025fallexhibit>

☐ Credit card payment. ____ Visa ____ MasterCard ____ Discover ____ American Express

Account Number _____ Expiration Date _____

Security Code _____ Signature _____

Terms and Conditions

When the exhibitor request and payment is accepted by KCSWCS it becomes a contract and the exhibiting company must abide by all conditions as set forth in this prospectus. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold safe the Kansas City Southwest Clinical Society and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of cause of Exhibitor's installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that the KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged or destroyed during the Conference, including setup or tear down. Under government order of emergency or other fair reasons beyond its control, KCSWCS reserves the right to cancel the exhibit with a full refund of space payments made.

I have read and understand the conditions above. By signing below I am indicating my company's agreement to become an exhibitor for the 103rd Annual Fall Clinical Conference and abide by the terms and conditions set forth in this prospectus.

Authorized Signature _____

Return request with payment to: KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114.
Phone: 816.523.3383. E-mail: ruth@kcswcs.org Web site: www.kcswcs.org