



July 2010

Dear Exhibitor:

The Board of Directors of the Mid-America Orthopaedic Association has again decided to give the exhibitors an opportunity to expand their participation at the annual meeting at the Hilton Tucson El Conquistador Resort, Tucson, Arizona, April 6-10, 2011. As in the past, we will continue to offer space for individual companies to exhibit in the exhibit hall. The Board has decided to offer opportunities for company-sponsored workshops of 1½ hours each from 6:30-8:00 a.m. on Thursday, April 7, 2011. It will be the exhibitor's responsibility to arrange and pay for speakers and audiovisual needs during these periods. We are offering these special workshop time slots for \$5,000 per 1½ hour session. The workshops will not be listed as part of our preliminary or final program, but all potential attendees will be informed as to the time, the nature, and the sponsor of the workshop. There will be no CME credit given for this workshop through Mid-America Orthopaedic Association.

Enclosed is an application for a company-sponsored workshop. Please return this application to our office by **November 1, 2010**, if you are interested in applying for workshop space. Only those companies applying for exhibit space will be considered for workshop space. If you have any questions or concerns regarding this special offer, do not hesitate to let us know directly.

Sincerely,

*Craig R. Mahoney*

Craig R. Mahoney, M.D.  
Chair, MAOA Exhibits Committee

CRM:pk  
Enc.



**APPLICATION FOR COMPANY-SPONSORED WORKSHOP**  
Thursday, April 7, 2011, 6:30 a.m. – 8:00 a.m.  
Hilton Tucson El Conquistador Resort, Tucson, Arizona

**NOTE: Only those companies applying for exhibit space will be considered for workshop space. The fee to put on the workshop is an additional \$5,000.00.**

1. **COMPANY:** \_\_\_\_\_

2. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

3. **NAME OF INDIVIDUAL RESPONSIBLE FOR WORKSHOP:** \_\_\_\_\_  
\_\_\_\_\_

**TITLE OR POSITION:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FACSIMILE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

4. **TYPE OF WORKSHOP TO BE PRESENTED (include speaker names if applicable):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Please return this completed application accompanied with a check for **\$5,000.00** by **November 1, 2010**, to:

Mid-America Orthopaedic Association  
Kahler Mezzanine Level  
20 Second Avenue, S.W.  
Rochester, MN 55902-3013