**Virginia Osteopathic Medical Association**

**2025 Fall CME Conference**

**Hotel Roanoke, Roanoke, Virginia**

**October 18, 2025**

**(Virtual attendance option also available to conference registrants)**

**WHERE**

The Hotel Roanoke, 110 Shenandoah Avenue, Roanoke, VA 24016. PH 540-985-5900.

**EXHIBIT SETUP/DISMANTLE**

Exhibit setup begins Saturday, October 18 at 6:00 am. Dismantling will be permitted on Saturday, October 18 at 3:00 PM.

**EXHIBIT HOURS**

The exhibit area will be open on Saturday from 7:00 AM- 3:00 PM (subject to change).

**CONFERENCE TOPICS**

Medical updates and OMT review.

**ATTENDANCE**

An estimated 75-100 Physicians from Virginia and surrounding areas are expected to attend, as well as numerous faculty and medical students from VCOM and Liberty University College of Osteopathic Medicine.

**RESERVING EXHIBIT SPACE**

Complete the attached application and return by *September 15, 2025* to:

VOMA – 1403 Pemberton Rd., Ste. 305, Richmond, VA 23238

Phone (804) 269-0136 Fax: (866) 231-8520 Email: *voma@voma-net.org*

Please reserve your space as soon as possible. YOU MAY EMAIL THE FORM TO RESERVE YOUR SPACE AND SEND THE CHECK AT A LATER DATE.

**WHAT IS PROVIDED**

A skirted six-foot table is provided. If more space is needed, it will be necessary to reserve additional exhibit space. Electrical needs must be indicated in advance and extension cords must be supplied by the individual exhibitor. *All companies exhibiting will receive a special thanks and recognition in our conference program and a list of pre-registered conference attendees.*

**HOTEL ROOM RESERVATIONS -** Representatives attending the conference may reserve hotel rooms at the following hotels at a discounted rate. There are a limited number of rooms available at the special VOMA rate.

***Please make your hotel reservations as soon as possible as the discounted rates will not be guaranteed after September 17, 2025.***

**The Hotel Roanoke & Conference Center**, located at 110 Shenandoah Avenue in Roanoke, VA, is just moments from historic Roanoke attractions and shopping. Please visit www.hotelroanoke.com for information on the hotel.  Rooms are available at the discounted rate of $199 plus taxes per night based on single/double occupancy ($20 + tax for each additional person).  This applies only to reservations made **before September 17, 2025**. Additional fees for parking are: $21 for valet parking, $15 for overnight guest self-parking and $10-$15 for daily self-parking.  You may book your lodging online at <https://book.passkey.com/e/51058904> or contact the hotel directly to reserve a room at (540) 985-5900 or toll free 866-594-4722 and ask for the **VOMA 2025 Fall CME Conference room block**.

**Exhibitor Rules and Regulations**

1. *Exhibit Purpose -* Exhibits are intended for educational and informational purposes to improve osteopathic education, practice, and research. All materials/equipment should not contain any inaccurate or misleading information. VOMA reserves the right to determine if an exhibit meets the objectives and standards of VOMA. Exhibits should complement the meetings and sessions by enabling registrants to see, hear, examine, question, and evaluate the latest developments in equipment, supplies and services relevant to osteopathic physicians.
2. *Eligibility to Exhibit -* Exhibitors must agree to meet the objectives stated above. Exhibitors may sell merchandise or services in the exhibit area. No product, apparatus, instrument, device or drug that is subject of litigation pending before the Food and Drug Administration may be exhibited. In cases of pending compliance or noncompliance with the FDA items can only be exhibited if a disclaimer is posted stating: FDA LISTING PENDING. All products or services exhibited must comply with all state and local regulations and with all FDA regulations for such products and services, except as provided above.
3. *Assignment of Booth Exhibits -* Contracts and payments in full for booth exhibits are accepted on a first come, first served basis. To ensure that booth space has been reserved, your application and payment in full should be submitted as soon as possible. Reservations are not assured until application and payment are both received.
4. *Insurance -* Each exhibiting company is required to insure itself against property loss or damage and against liability for personal injury.
5. The cost for a booth exhibit will be $995. VOMA must be notified of booth cancellations, in writing on company letterhead, by **October 5, 2025**. Prior to this date, refunds will include the exhibit fee minus a 20% handling fee. No refund will be made for cancellations after that date.
6. *Registration and Badges -* All exhibitors should register their personnel in advance and your company name badges are encouraged for identification purposes.
7. *Installation and Removal of Exhibits -* The exhibit area will be available on Saturday at 6:00 AM for exhibit preparation. Exhibits will open at 7:00 AM. Dismantling may occur after 3:00 PM on Saturday. Exhibit times are subject to change.
8. *Failure to Occupy Space -* Unless previously arranged, space must be occupied by the exhibiting company by 7:00 AM on Saturday, October 18, 2025, or will be forfeited without refund to the exhibitor and the space may be resold or used by VOMA.
9. *Exhibitor Activities -* VOMA reserves the right to restrict exhibits that, in their judgment, detract from the overall professional demeanor of the exhibit area. This reservation includes persons, objects, conduct, printed materials or anything of a character that may be objectionable to the exhibit area as a whole. Expulsion of or restrictions placed on an exhibitor may not give rise to a claim for any refund of rentals or other exposition expenses. Smoking in the exhibit hall is strictly prohibited. Exhibitors will be responsible for any damage done to the hotel building by themselves or their employees.
10. *Subletting of Space -* Exhibitors may not assign, sublet, or appropriate the whole or any part of the space allocated without the express written consent of VOMA.
11. *Security -* VOMA shall not be held responsible for the loss or damage to any material for any cause at any time during the conference or after hours and encourages the exhibitor to exercise normal precautions to prevent loss or damage.
12. *Liability -* The exhibitor indemnifies and agrees to hold harmless VOMA and their owners, officers, directors, employees, and agents from and against any actions, losses, costs, damages, claims and expenses (including attorney’s fees arising from any damages to property or bodily injury to exhibitors, his agents, representatives, employees by reason of the exhibitor’s occupancy or use of the exhibitor facilities). Upon signing the contract, the exhibitor expressly releases the foregoing institutions, individuals and committees from any and all claims for loss, damage or injury. This also includes the period of storage prior to and following the meeting.
13. *Cancellation -* Should any situation beyond the control of VOMA arise to prevent the 2025 Fall Conference from occurring, VOMA will not be held liable for any expenses incurred by the exhibitor except the rental cost of the booth, which will be refunded in full.
14. *Discussion of Unapproved Uses:* Sponsor will disclose when a product or device is not approved in the United States for the use under discussion.
15. *Ancillary Promotional Activities:* No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
16. *Independence of Sponsor in the use of Contributed Funds:*
17. Funds should be in the form of unrestricted monies made payable to the Virginia Osteopathic Medical Association.
18. All other support associated with this CME activity (e.g. distributing brochures, preparing slides) must be given with the full knowledge and approval of the Virginia Osteopathic Medical Association.
19. No other funds from the commercial company will be paid to the program director, faculty, or other involved with the CME activity (e.g. additional honoraria, extra social events, etc.)
20. Funds may be used to cover the cost of one or more modest social activities held in conjunction with the educational program which furthers the CME educational experience and/or allows an educational discussion or exchange of ideas.

The Commercial Supporter agrees to abide by all requirements of the AOA Guidelines for Relationships between Accredited Sponsors and Commercial Supporters of CME.

The Accredited Sponsor agrees to:

 1) abide by the AOA Guidelines for Relationships between Accredited Sponsors and Commercial Supporters of CME;

 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; and

 3) upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

PLEASE COMPLETE AND SIGN THE EXHIBITOR/ SPONSORSHIP AGREEMENT

**Exhibitor/Sponsorship Agreement**

**Virginia Osteopathic Medical Association’s 2025 Fall CME Conference**

 Commercial Supporter (company name / branch):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of Products or Services You Represent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person from Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell/Office) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Exhibitor Attending (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you need electricity at your booth? Yes / No (additional fee may apply)

**Sponsorship Levels - Choose one or more**

 **$995** (one exhibitor) OR \_\_\_\_\_**$1145** (two exhibitors)

* Exhibit space at the live conference as well as representation at the virtual conference
* Acknowledged in program book
* List of virtual and in-person pre-registered attendees

 **$1,500 Silver Sponsor**

* Exhibit space at the live conference as well as representation at the virtual conference
* Acknowledged in program book
* Acknowledged in e-mail communications with virtual attendees
* ¼ page ad in the program book (JPG or PNG, predominantly white background, 2.75x2.125”)

 **$2,500 Gold Sponsor**

* Exhibit space at the live conference as well as representation at the virtual conference
* Acknowledged in program book
* Acknowledged in e-mail communications with virtual attendees
* ½ page ad in the program book (JPG or PNG, predominantly white background, 5.5x8.5”)

 **$5,000 Platinum Sponsor**

* Exhibit space at the live conference as well as representation at the virtual conference
* Acknowledged in program book
* Acknowledged in e-mail communications with virtual attendees
* Full page ad in the program book (JPG or PNG, predominantly white background, 8.5x11”)
* List of virtual and in-person pre-registered attendees
* Added link and recognition on the VOMA website and pre- and post-conference e-mails

**Additional sponsorship amount $\_\_\_\_\_\_\_\_** ***VOMA Tax ID # is 54-1067816***

**Payment** *(checks preferred, but credit card payment is also available)*

 \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover

 Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Exp. Date \_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_­\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Billing Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and sign this agreement and return with payment to VOMA

VOMA, 1403 Pemberton Rd., Suite 305, Richmond, VA 23238 ◦ Fax (866) 231-8520 ◦ voma@voma-net.org

This agreement, properly executed, constitutes a valid and binding contract. Please read the *Exhibitor Rules and Regulations* provided with this application prior to signing. **Your signature on this form verifies your agreement and compliance with the terms and conditions outlined in the Exhibitor Rules and Regulations.**

**AGREED**

**Commercial Company Representative**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**

*Thank you in advance for your support of VOMA!*