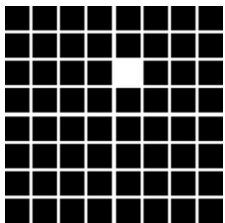


# EMerald Coast Conference 2026 Exhibitor Opportunities

EMerald Coast Conference 2026  
Monday, June 1 - Wednesday, June 3,  
2026 Sandestin Golf and Beach Resort  
Destin, Florida



**ALABAMA**

American College of Emergency Physicians

EMerald Coast Conference  
P.O. Box 1900  
Montgomery, AL 36102  
(334) 954-2500 | Fax (334) 269-5200  
[www.alacep.org](http://www.alacep.org)

# About EMerald Coast Conference...

The EMerald Coast Conference is an educational meeting attracting emergency physicians, PAs, NPs, nurses, administrators, recruiters and corporate suppliers from Alabama, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Oklahoma and Tennessee.

This four-day meeting provides you the opportunity to meet and converse with emergency medicine professionals throughout the week. Our wish is for all participants to be comfortable and at

ease during exhibit and activity hours; therefore, we ask that you leave those suits and heels behind. Refreshments will be located in the exhibit hall area to boost your exposure to all attendees during the scheduled breaks.

For more information on exhibiting or sponsorship opportunities, contact exhibit coordinator, Erich Burbage, at (334) 414-4569 or by email at [meghan.martin1@outlook.com](mailto:meghan.martin1@outlook.com).

## Exhibitor Guidelines...

### Conference Date and Location

June 1-4, 2026

Sandestin Golf and Beach Resort/Linkside Conference Center  
9300 Emerald Coast Pkwy W  
Miramar Beach, FL 32550

### Exhibit Setup

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. Set up time is 5:00-7:00 p.m. on Sunday, June 1.

#### Exhibit Hours:

Monday, June 2 – 6:30 a.m. - 12:30 p.m.

Tuesday, June 3 – 6:30 a.m. - 12:30 p.m.

Wednesday, June 4 – 6:30 a.m. - 12:30 p.m.

Electrical, telephone, food and beverage, or audio and visual equipment, should be arranged through the hotel. Exhibitors will receive the Sandestin 2024 Trade Show Vendor Kit after receipt of the exhibitor registration form.

### Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. Contact Meghan Martin at (334) 414-4569 or by e-mail at [meghan.martin1@outlook.com](mailto:meghan.martin1@outlook.com).

### Company Recognition

In order to ensure your company's recognition in printed meeting materials, your registration form and payment must be received no later than May 2, 2026.

### Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to two representatives, display time, meals and receptions. Please update AL-ACEP staff as soon as possible if there is a change in your representative. Up to two additional representatives are welcome for an additional fee of \$100 per representative.

### Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, AL-ACEP

staff will make every effort to place companies next to each other in the exhibit hall.

### Concurrent Events

No exhibitor may hold any event at the same time as any EMerald Coast Conference sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

### Shipping Booth and Exhibit Materials

Veal Convention Services handles all conference packing, shipping and receiving services. Please call (800) 844-8325 or email [orders@vealco.com](mailto:orders@vealco.com) with any questions. Exhibitors will receive the Veal Convention Services Service Order Form after receipt of the exhibitor registration form.

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. AL-ACEP will not be responsible for anything left in the exhibit hall at the end of the conference.

### Cancellation Policy

The deadline to cancel exhibit space is 30 days prior to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund.

### Suitcasing Policy

Suitcasing is the action of soliciting business during the EMerald Coast Conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the exhibit hall, any person(s) who HAVE NOT paid for an exhibit booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

### Attendee List

ACCME requires that attendees “opt in” to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

# 2026 EMerald Coast Conference Exhibitor Registration

## COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: \_\_\_\_\_

Company Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone:  Office \_\_\_\_\_  Cell \_\_\_\_\_ Business Type: \_\_\_\_\_

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

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

## EXHIBITOR OPPORTUNITIES: JUNE 1-4, 2026

Exhibit fee .....  \$1,900

Participation fee for Wine Reception (optional) .....  \$ 175

Choice of exhibit spaces in order of preference: \_\_\_\_\_

First Attending Rep's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Second Attending Rep's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional representatives are welcome for \$100 each.**

Third Attending Rep's Name \_\_\_\_\_ E-mail \_\_\_\_\_  \$100

Fourth Attending Rep's Name \_\_\_\_\_ E-mail \_\_\_\_\_  \$100

## SPONSORSHIP OPPORTUNITIES

**Increase your visibility with attendees with an unrestricted Platinum or Gold Sponsorship or by sponsoring an event, meal or break!**

*All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.*

Platinum Level Sponsor .....  \$5,000

Gold Level Sponsor .....  \$3,500

*Platinum and Gold sponsors receive prime location in exhibit area, recognition on the meeting website, on signage and during announcements.*

Welcome Reception Sponsor .....  \$2,500

Breakfast Sponsor (four available) .....  \$1,000

Morning Refreshment Break Sponsor (three available) .....  \$1,000

*Event sponsors receive recognition on the meeting website, on signage and during announcements.*

Resident Poster Session Sponsor (three available) .....  \$1,000

*Poster session sponsorships cover travel expenses for two residents presenting during the Poster Session. Sponsors receive recognition on the meeting website, on signage and during announcements.*

**Grand Total Due (Exhibit Fee and Sponsorships)..... \$ \_\_\_\_\_**

*See payment information on next page.*

**List competitors not to be located near.**



# 2026 EMerald Coast Conference Exhibitor Registration

Company Name \_\_\_\_\_

## METHOD OF PAYMENT

Check payable to AL-ACEP (Alabama Chapter - American College of Emergency Physicians) with memo for 2026 EMerald Coast Conference

Name on Card: \_\_\_\_\_ E-mail address for receipt: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. EMerald Coast Conference, AL-ACEP and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. AL-ACEP reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Return signed form (**both pages**) with your payment to Meghan Martin, P.O. Box 680283, Prattville, AL 36068. Or, to pre-reserve your booth (recommended) e-mail it to [meghan.martin1@outlook.com](mailto:meghan.martin1@outlook.com) and note that payment will follow under a separate cover.

**AL-ACEP Tax ID#: 51-0151587**

For office use only.

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