



My Meeting Exhibit Hall Plan

Meeting Title & Date _____

NEW Product or Service I want to Explore for My Practice

- | | | |
|-----------------------|-------------------------|----------------------|
| _____ AFOs | _____ DME | _____ EMR/HER |
| _____ Footwear | _____ Marketing | _____ Pathology |
| _____ Pharmaceuticals | _____ Orthotics | _____ OTC Dispensing |
| _____ Risk Management | _____ Surgical Supplies | _____ Wound Care |

Booths/Companies I want to visit (from the above categories)

1. _____
2. _____
3. _____
4. _____
5. _____

CURRENT vendors I use that I'm not satisfied with:

1. _____
2. _____
3. _____
4. _____

Companies I want to visit as a possible replacement of current vendor(s) listed above:

1. _____
2. _____
3. _____
4. _____

NOTES: