

2025 Medical Student Symposium - Residency Fair Exhibitor Registration

MIDWEST MEDICAL STUDENT EMERGENCY MEDICINE SYMPOSIUM

Midwest Medical Student Symposium Emergency Medicine Residency Fair

August 14, 2025 | 12:50 - 2:50 pm TIME SUBJECT TO CHANGE

Hilton Columbus/Polaris Hotel
8700 Lyra Drive
Columbus, Ohio 43240

www.ohacep.org/medstudents

Event hosted by:



What is the Midwest Medical Student Symposium Residency Fair?

The Residency Fair will provide your institution with a great opportunity to showcase your program and meet with medical students looking to match with EM residency programs. *This event is being held in conjunction with Ohio ACEP's Residents' Assembly on August 14.*

What is included with the \$275 residency fair exhibitor fee?

- (1) table-top exhibit
- Up to three (3) program representatives
- Medical Student attendee mailing list
- Recognition in Ohio ACEP e-communications, on event website and on social media

"Having been a residency program director for over 30 years, I have regularly attended residency fairs at national ACEP and other meetings. At the last Midwest Medical Student symposium organized by Ohio ACEP we had more medical students visit our table than all these combined. This is the one residency fair that has the greatest "bang for your buck." Well worth the investment and "must not miss" event!"

- Daniel R. Martin, MD, MBA, FACEP
Program Director
The Ohio State University

What should I bring to display at our residency fair exhibit table?

Below is a quick list of items to bring to maximize your residency fair experience:

- Printed Marketing Material
- Tabletop Signs
- Business Cards
- Swag & Giveaways

CANCELLATION POLICY: CANCELLATIONS WITH A REFUND, MINUS A \$50 FEE, WILL BE MADE IF WRITTEN NOTIFICATION IS RECEIVED **30 DAYS** PRIOR TO THE EVENT. NO REFUNDS WILL BE ISSUED LESS THAN **30 DAYS** PRIOR TO THE EVENT.

REGISTRATION (Deadline: August 1, 2025)

To be invoiced, contact Stephanie Posey at Ohio ACEP: (614) 792-6506; sposey@ohacep.org

Formal Residency Program Name: _____

Contact Name _____ Email _____

Address _____ Website _____

City _____ State _____ Zip _____ Phone _____

PAYMENT

Total \$ 275 Payment Method Visa Mastercard AMEX Check (PAYABLE TO OHIO ACEP)

Name on Card _____

Card # _____ Exp Date _____ Security Code _____

MAIL FORM & PAYMENT:
Ohio ACEP (Tax ID #31-0923040)
5980 Venture Dr, Suite B
Dublin, OH 43017
Phone: (614) 792-6506
E-mail: sposey@ohacep.org
Web site: www.ohacep.org