

EXHIBITOR VACCINATION ATTESTATION

Return this completed form with your full list of booth representatives to Felecia McQuarters at fmcquarters@acep.org by 5:00 pm Central time on Monday, October 11.

Exhibitor Name (*please print*): _____
Company name

ACEP strives to provide successful events in a responsible and safe manner. As such, ACEP requires exhibiting companies (“Exhibitor”) to attest that any individuals representing Exhibitor in person at such events are fully vaccinated. An individual is considered “fully vaccinated” when it has been at least two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization.

In consideration of ACEP’s permission to allow Exhibitor access to the event, and in compliance with the Exhibitor Agreement, Exhibitor hereby attests that all individuals representing Exhibitor in person at any ACEP event are vaccinated for COVID-19 with an FDA authorized vaccine.

Exhibitor, on behalf of itself and its representatives, hereby further attests that:

- _____ Exhibitor has and will comply with the [ACEP Health and Safety protocols](#).
- _____ Exhibitor representatives will complete the [daily COVID-19 assessment](#) during the ACEP event.
- _____ If Exhibitor representatives experience any symptoms associated with COVID-19 during the ACEP event, they will immediately seek out appropriate medical care.
- _____ Exhibitor representatives will notify ACEP if they test positive for COVID-19 at any point during the ACEP event.
- _____ Exhibitor representatives will follow the guidelines for individuals who test positive for COVID-19.
- _____ Exhibitor representatives will respect others’ comfort levels with respect to social distancing and physical contact.

The undersigned confirms that they are an authorized representative for the above-mentioned exhibitor.

Authorized rep name (*please print*): _____

Title: _____

Signature: _____ **Date:** _____

If you have any questions, please contact us:

Company name A-L:
Tina Carter at tcarter@acep.org

Company name M-Z:
Stephanie Batson at sbatson@acep.org