

2026 Medical Student Symposium - Residency Fair Exhibitor Registration

MIDWEST MEDICAL STUDENT EMERGENCY MEDICINE SYMPOSIUM

Midwest Medical Student Symposium Emergency Medicine Residency Fair

August 12, 2026 | 1:20 - 3:20 pm TIME SUBJECT TO CHANGE

The Ohio Union
1739 N. High Street
Columbus, OH 43210

www.ohacep.org/medstudents

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 12.*

"Ohio ACEP has the best residency fair in the nation. I was talking to students for 2 hours straight. Thank you again for the opportunity to present to the student group and to highlight our program at the residency fair."

- Sandra Najarian MD, FAAEM
Program Director
Case Western Reserve University/
MetroHealth/ Cleveland Clinic
Emergency Medicine Residency

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

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: July 31, 2026)

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:
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