

EXHIBITOR'S REGISTRATION FORM

Pennsylvania Society for Respiratory Care
Eastern Regional Conference & Exhibition
April 3 & 4, 2008
Radisson Hotel Valley Forge, King of Prussia, Pennsylvania

This form serves as a CONTRACT and APPLICATION for booth space

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Name of Person in charge of booth **(REQUIRED)** _____

Phone _____ E-mail address **(REQUIRED)** _____

List below the names of those persons representing your company in the exhibit booth during the show. Names should be **clearly printed** as you wish them to appear on name badges.

Included in Cost

1. _____ 2. _____

Additional sales representatives may be added at a cost of @ \$80.00 per person, per day. All sales representatives may apply for continuing education credits.

SPACE ASSIGNMENT

List here companies or product lines you do not wish to be located next to or across from.

First Choice: _____

Second Choice: _____

Third Choice: _____

See enclosed floor plan for booth sizes and locations.

Please print company name and address as you wish it to appear on booth sign. If left blank, company name only will be used.

Line1 _____ Line 2 _____

Mail this application to:

Grand View Hospital
700 Lawn Avenue, Sellersville, PA 18960
Attention: Peggy Ziegler, Respiratory Care Department