

# Eastern Pulmonary Conference

\*\* Application and Contract for Exhibit Space \*\*

**September 12-15, 2019**  
**The Breakers ~ Palm Beach, Florida**

Print this page and return the completed application with required payment to:

**Eastern Pulmonary Conference, 450 Veterans Memorial Parkway, Bldg. 15, East Providence, RI 02914**

**Tax ID #: 05-0515560 (501c3)**

**The information in this section will appear in all printed materials. Please be exact.**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Company's main number)/Fax/Web site \_\_\_\_\_

Space confirmation and other information should be mailed to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (of contact person) \_\_\_\_\_

Please Reserve Fully Furnished \_\_\_\_\_ 8 x 6 Exhibit Table \$4,000.00  
\_\_\_\_\_ 8 X 6 Exhibit Table Premium Position \$4,500.00  
\_\_\_\_\_ 16 X 6 Exhibit Table \$6,500.00

The following specifics apply to our exhibit:

\_\_\_\_\_ We require \_\_\_\_\_ standard electrical outlet(s) \_\_\_\_\_ We do not require electricity

\$ \_\_\_\_\_ full payment is enclosed.

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Signature \_\_\_\_\_

OR:  
Make check payable to Eastern Pulmonary Conference

We understand and agree to follow policies of the STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION in support of the Eastern Pulmonary Conference.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FAX THIS FORM BACK TO 401-331-0223**

**[www.easternpulmonaryconference.org](http://www.easternpulmonaryconference.org)**