

Eastern Pulmonary Conference

** Application and Contract for Exhibit Space **

**January 7-10, 2021
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