



EXHIBIT APPLICATION

The Breakers • Palm Beach, Florida
September 10-13, 2026
EasternPulmonaryConference.org

Eastern Pulmonary Conference
450 Veterans Memorial Parkway, Bldg 15
East Providence, RI 02914
Tax ID #: 05-0515560 (501c3)
Return this form to Ginny at ginnyloiselle@easternpulmonaryconference.org

Company Name _____
Street Address _____
City/State/Zip _____
Company's main phone number and website _____

Main contact person:
Name _____
Email _____
Phone number _____

Electricity:
 Yes, we need a standard electrical outlet No, we do not require electricity

Badge 1 Name _____ Email _____

Badge 2 Name _____ Email _____

We would like to reserve a fully furnished 8 X 6 booth for **\$4,800** and pay by: credit card check

Please enter credit card details below. If paying by check, make payable to *Eastern Pulmonary Conference* and mail to the address at the top of this form.

Select one: VISA MasterCard AMEX

Credit Card # _____

Exp _____ Signature _____

We understand and agree to adhere to the [ACCME's Standards for Commercial Support of Continuing Medical Education](#) in support of the Eastern Pulmonary Conference.

Authorized Signature _____

Title _____ Date _____