

# Exhibit Application

Eastern Allergy Conference  
450 Veterans Memorial Parkway, Bldg 15  
East Providence, RI 02914  
Tax ID #: 05-0515560 (501c3)

Return this form to Ginny at [ginnyloiselle@easternallergyconference.org](mailto:ginnyloiselle@easternallergyconference.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 tabletop booth for **\$4,800** and pay by:  credit card  check

Please enter credit card details below. If paying by check, make payable to *Eastern Allergy 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 Allergy Conference.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



May 28 - 31, 2026  
The Breakers • Palm Beach, Florida