

Eastern Allergy Conference

Application and Contract for Exhibit Space

Eastern Allergy Conference 2018

May 31-June 3, 2018 ~ The Breakers, Palm Beach, Florida

Print this page and return the completed application with check made payable to:

Eastern Allergy Conference

450 Veterans Memorial Parkway, #15

East Providence, RI 02914

The information in this section will appear in all printed materials.

Please be exact

Company Name _____

Company Street Address _____

Company City/State/Zip _____

Phone (Company's main number)/_____

If you wish to pay by credit card:

Name _____

Card number _____

Expiration date _____ CVV _____

Authorized Signature _____

Space confirmation and other information should be mailed to:

Name _____

Street Address _____

Telephone number (of contact person) _____

Please Reserve

_____ Single Exhibit booth (8X6) \$4,000.00 (Includes table, chairs, and up to two (2) company representatives)

_____ Double Exhibit booth (16X8) \$6,500.00 (Includes table, chairs, and up to two (4) company representatives)

_____ Premium position +\$500.00

Badges

Name Badge #1 _____

Name Badge #2 _____

Additional name badges \$350.00 (Please contact **Ginny Loiselle** to arrange for additional badges 401-223-1309)

The following specifics apply to our exhibit:

_____ We require _____ standard electrical outlet(s)

_____ We do not require electricity

\$_____ full payment is enclosed. (EAC Tax ID# 05-0515560)

Make check payable to Eastern Allergy Conference

We understand and agree to follow policies of the STANDARDS FOR COMMERCIAL

SUPPORT OF CONTINUING MEDICAL EDUCATION in support of the Eastern Allergy Conference.

Authorized Signature _____

Title _____

Date _____