

Exhibit Form

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 or by fax to 401-331-0223

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 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