



# Eastern Allergy Conference

\*\* Application and Contract for Exhibit Space \*\*

**August 16-18, 2020  
The Breakers, Palm Beach, Florida**

**Eastern Allergy 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. Make check payable to Eastern Allergy Conference

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Signature \_\_\_\_\_

Names for badges: \_\_\_\_\_

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 \_\_\_\_\_

**FAX THIS FORM BACK TO 401-331-0223**

**[www.easternallergyconference.org](http://www.easternallergyconference.org)**