



# Eastern Allergy Conference

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

**May 30 – June 2, 2019**  
**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.

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

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 \_\_\_\_\_

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

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