

APPLICATION FOR TECHNICAL EXHIBIT SPACE



Anesthesiology Review Course 2017
April 9-13, 2017
Westin Riverwalk, San Antonio, Texas

Exhibit Fee: \$1000.00

- Exhibit Only. _____ Enclosed is a check in the amount of \$_____ for space reserved.
- My company wishes to sponsor ____Breakfast; ____Lunch
- Payment will be made no later than _____
- Credit Card (Please fill out credit card information on page 2.)

We hereby authorize reservation of exhibit space at the above mentioned meeting(s).

COMPANY NAME: _____

Principal products to be displayed: _____

We would prefer not to be near the following firm(s), or indicate special requests: _____

Will you need electrical outlets? _____

INFORMATION REQUIRED ON ATTENDING REPRESENTATIVE(S):

Representative #1

Name/Title: _____

E-Mail: _____

Phone: _____ **FAX:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Additional Representative(s)

Name/Title: _____

INFORMATION REQUIRED ON CORPORATE REPRESENTATIVE (if different from above):

Name/title (please print)

Authorized signature

Date

PAYMENT CAN BE MADE BY CREDIT CARD (THE FOLLOWING CARDS ARE ACCEPTED)

Visa Mastercard Discover American Express

Card number: _____ Expiration Date _____

Name as it appears on card: _____

Billing address for card: _____

PLEASE RETURN TO:

**Dannemiller
Attn: Maria Courtney
5711 Northwest Parkway
San Antonio, TX 78249-3360
TAX ID 74-2301564**

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