

PrimeFare West Regional Scientific Symposium 2011

Exhibitor Registration

February 17-19, 2011 • Salt Palace Convention Center • Salt Lake City, Utah

Company Name:	(please print the name as it should appear on all signage)		
Contact Name:			
Telephone Number:			
Fax Number:			
Address:			
City:	State:	ZIP:	
e-mail:			

- **Repeat exhibitor** \$785.00 for early bird registration, \$850 after January 5, 2011
- **New exhibitor** \$850.00 for early bird registration, \$865 after January 5, 2011
- **2nd table top** \$500.00

(Our cost across the board have increased; however we did not raise your cost this year due to the economy.)

I am interested in _____ table tops for PrimeFare East Regional Meeting 2011 at a cost of \$ _____
 I need electricity at my space: ___ yes ___ no # of outlets _____ (\$100.00 per outlet-5 amps single outlet.)

Number of representatives who will attend: _____

Representatives Name(s):	1. _____
	2. _____
Representatives e-mail:	1. _____
	2. _____

(Up to 2 persons per table top are included in your exhibit fee, which includes all breaks, lunches, reception and attendance at scientific presentations. Additional personnel fees are \$140.00 per person).

SPONSORSHIP LEVELS*

PLATINUM	\$ 2000	POCKET AGENDA	\$ 500.00
GOLD	\$ 1200	LANYARDS	\$ 700.00
SILVER	\$ 800	REGISTRATION BAGS	\$ 650.00
BRONZE	\$ 575		

**see attached information sheet for sponsorship details*

*** items in red are new*

Amount due for table top display	\$ _____
Amount due for electricity	\$ _____
Amount due for Sponsorship	\$ _____
Total Amount Due	\$ _____

SPONSORED BY PRIMECARE O&PP NETWORK

NO REFUNDS

Payment Information:

Mail this form with payment to: PrimeCare Network
2000 Newfields Road
Germantown, Tennessee 38139

If you choose to use a credit card please complete the information below:

The PrimeCare O&P Network is authorized to charge my credit card as instructed.

Cardholder Information:

Cardholder's Name: _____ Billing address: _____
(as it appears on credit card)

City, State, Zip: _____ Phone Number: _____

Signature: _____

Card Information:

Type: _____ AMEX, MC or VISA _____ Credit Card #: _____
(circle one)

Expiration Date: _____ Security Code: _____

(3 digit # on back of card for Visa and MC; for AMEX, 4 digit # on front of card above the credit card #.)

Hotel Reservations:

Exhibitors and attendees must make their own hotel reservations.

Please contact the hotel directly:

Marriott Salt Lake City Downtown
75 South West Temple
Salt Lake City, UT 84101

Reservations: 1-800-228-9290 or direct to hotel 801-531-0800

<http://www.marriott.com/hotels/travel/slcut?groupCode=mefmefa&app=resvlink&fromDate=2/16/11&toDate=2/21/11>

Mention the PrimeFare meeting to enjoy the special room rate of \$118.00 per night. The room block will be held until 01/28/2011.

Lunch Reservations:

Thursday February 17, 2011 Yes - I will attend No – I will NOT attend

Reception Reservations:

Thursday February 17, 2011 Yes - I will attend No – I will NOT attend
6:30-8:00 Cocktail Reception in Exhibit Hall

Breakfast Reservations:

Friday February 18, 2011 Yes - I will attend No – I will NOT attend
Saturday February 19, 2011 Yes - I will attend No – I will NOT attend

*Please help us avoid wasting food or resources. Meals are automatically included with your registration fee. No refunds will be granted.

Additional Information:

PrimeCare O&P Network • Phone: 888-388-5243 • Fax: 901-754-0560 • www.primecareop.com