

EXHIBITOR REGISTRATION FORM

**KY MEDICAL EQUIPMENT SUPPLIERS ASSOCIATION
2007 Fall Conference
November 28-29, 2007
Holiday Inn North Lexington KY**

FIRM NAME _____

REPRESENTATIVES NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE (____) _____ Email: _____

- Sponsor** (circle one) Refreshment Break \$ 400 Lunch \$ 750 Reception \$ 600
Includes one exhibit table
- Member Firm Exhibit Only - \$200
- Non-Member Firm Exhibit Only- \$350
- GOLD Member - Please use my Complimentary Booth

We will need _____ additional lunch tickets at \$25 each. **Total Amount Due \$** _____

_____ **Check Enclosed**

_____ **Charge my Credit Card (MC/Visa)** Card # _____ Exp _____

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

Authorized Signature: _____

RULES GOVERNING EXHIBITS

Set-Up Hours: Exhibitors may set up their exhibits after 11:00 am on Wednesday, November 28, 2007. All materials must be removed by 5:00 pm on Thursday, November 29, 2007.

Description of Exhibits: Exhibits will consist of one 8' tabletop and two chairs. Exhibitors are encouraged to keep their display set up and attend the KMESA Social Reception on November 28, 2007, from 5:00 – 7:00 pm. Exhibits will be open from 8:00 am until 4:00 pm on Thursday, November 29, 2007. There will be a thirty minute specified exhibit break in the morning and afternoon. Exhibitors are invited and encouraged to attend the luncheon. One ticket is included in exhibit fee. Additional tickets can be purchased for \$25 each.

Arrangements for Special Equipment: Any electrical or phone line requirements must be handled directly with the hotel.

Questions can be directed to Judy Bunn at 1-866-817-2964.

Space will **not** be reserved without payment and is limited to the first 20 applicants.

PLEASE RETURN THIS FORM WITH PAYMENT BY November 1, 2007

KMESA Fall 2007 Conference
#394
1309 US 127 South Suite B
Frankfort KY 40601