

Sponsor Registration

8th Annual National CEU Roundtable
The Olmsted
3701 Frankfort Avenue
Louisville, Kentucky 40206



“The Delicate Balance Of Today’s Medical Profession”

Wednesday, October 8th, 2008
7:30 am – 5:30 pm

Sponsor Information - DEADLINE SEPTEMBER 10TH.

Company _____ Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Confirmation sent via Email

Email Address _____

Type of Sponsorship: (circle one) *Break *Bag *T-shirt *Printing

Representative #1 Name _____

Email Address _____ Phone _____

Representative #2 (additional \$75 if applicable to your Sponsorship) Name _____

Email Address _____ Phone _____

Exhibitor Booth Information (\$259)

Skirted & draped 8’ table, & two folding chairs.

Electricity

In need of electricity? Additional fee not required by The Olmsted; bring your own cords. All electrical cords laid by an outside vendor must be completely covered or taped by the user and said covering must meet the final approval of The Olmsted management on duty.

Door Prize

For additional recognition during the conference, it is recommended that all exhibitors provide at least one door prize. Schedule for door prize give away will be provided at conference.

Best Decorated Booth for Conference Theme

The best decorated booth for this year’s theme *“The Delicate Balance Of Today’s Medical Profession”* will receive a FREE booth (valued at \$259) for next year’s conference.

Hotel Accommodations

The Hawthorn Suites has reserved a block of rooms listed under the PHIA Roundtable Conference. They are discounted to Single-Quad, \$132 per night, plus applicable taxes. Please call the hotel for reservations by September 15th (502-899-5959 or toll free 866-899-5959).

Make checks payable to **PHIA**, and mail them to: **4010 Dupont Circle, Suite 418, Louisville, KY 40207**

Credit Card payments can be faxed to 502.473.8807 or emailed to Sherrv@phia.com with application.

Check #: _____ MC/VISA/Discover Card #: _____

(circle one)

Expiration Date: _____ 3 digit security code (on back of card): _____

Amount to be charged: _____

Name on Card: _____

Address for Card holder (if different from above) including zip _____

Authorized Signature _____