

Office Use:
Date Received _____

**COMMERCIAL EXHIBIT DISPLAY APPLICATION FOR
30th ANNUAL DIALYSIS CONFERENCE
March 7-9, 2010
Washington State Convention and Trade Center — Seattle, Washington**

Contact Person _____

Company Name _____

Street or Box Number _____

City _____ State _____ ZIP _____

Telephone Number + Area Code _____ FAX _____

Email Address _____

Complimentary Registration Policy:

Four complimentary conference exhibitor registrations are provided for every 10'x10' space, up to a limit of 12 per exhibitor. **Additional exhibit staff must be registered at a fee of \$200 each.**

Names and addresses of persons who will staff the display:

Please check one:

- 10' x 10' perimeter booth \$3700.00
- Additional 10'x10' perimeter spaces @ \$3700.00 each
- 20' x 20' Island \$16,500
- 20' x 30' Island \$23,900
- 20' x 40' Island \$31,300
- 30' x 30' Island \$35,000
- 30' x 40' Island \$46,100
- 30' x 50' Island \$57,200
- 40' x 40' Island \$68,300
- 40' x 50' Island \$75,700
- 50' x 50' Island \$94,200
- Other _____

Total \$ included _____

Please return application and payment to:

Elaine Rogers
University of Missouri-Columbia
Dialysis Conference
2401 Lemone Industrial Blvd., DC345.00
Columbia, MO 65212
(573) 882-9973
FAX (573) 882-5666
Email: rogerse@health.missouri.edu

Note: Make check payable to:

ACADEMY OF POST GRADUATE HEALTH
EDUCATION

Tax ID# 43-1682002

Continued on following page