

Office Use:
Date Received_____

**NON-PROFIT/PUBLISHER 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 \$1600.00
 ___ Additional 10'x10' perimeter spaces @ \$1600.00 each
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