

# Exhibitor Registration

To sign up for a booth, fill out this form and mail or fax to: 301 263 0776 with credit card permission for the options shown below. If you are mailing in your payment, send this form along with a check made payable to ILADS and send to PO Box 341461, Bethesda, MD 20827.

If you would prefer to pay online, go to: [http://www.ilads.org/lyme\\_programs/lyme\\_events\\_exhibit.html](http://www.ilads.org/lyme_programs/lyme_events_exhibit.html).

A. YOUR INFORMATION																	
Company Name:	Rep. Name #3:																
Contact Name:	Rep. Name #4:																
Shipping Address:	Billing Address:																
Shipping City:	Billing City:																
Shipping State and Zip:	Billing State and Zip:																
Shipping Country:	Billing Country:																
Phone Number:	Credit Card #:																
E-mail Address:	Exp. Date:																
Rep. Name #1:	CVC:																
Rep. Name #2:																	
B. SELECT CONFERENCE PACKAGE																	
<table border="1"> <thead> <tr> <th>Select</th> <th>Conference Package</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td></td> <td><b>\$1000 Deposit</b> (this payment will hold the booth, but you will not be assigned a booth until fee is paid in full)</td> <td><b>\$1000</b></td> </tr> <tr> <td></td> <td><b>\$3000 Payment In Full</b> (this payment includes cost of 2 Company Representatives)</td> <td><b>\$3000</b></td> </tr> <tr> <td></td> <td><b>Company Representative #3</b></td> <td><b>\$300</b></td> </tr> <tr> <td></td> <td><b>Company Representative #4</b></td> <td><b>\$300</b></td> </tr> </tbody> </table>			Select	Conference Package	Cost		<b>\$1000 Deposit</b> (this payment will hold the booth, but you will not be assigned a booth until fee is paid in full)	<b>\$1000</b>		<b>\$3000 Payment In Full</b> (this payment includes cost of 2 Company Representatives)	<b>\$3000</b>		<b>Company Representative #3</b>	<b>\$300</b>		<b>Company Representative #4</b>	<b>\$300</b>
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	<b>Company Representative #4</b>	<b>\$300</b>															
Executed at (City/State)	Date	Signature of Applicant															