



THE PRACTICE MANAGEMENT CONFERENCE

Exhibitor Participation Form
DEADLINE DATE: JULY 8, 2019

Company Name _____

Contact Name _____ On-Site Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

On-Site Contact Cell Phone _____

If applicable, please list additional booth personnel. NOTE: Exhibit Companies are allowed two (2) complimentary booth personnel. A fee of \$500 will be applied for each additional personnel.

Name: _____ Cell: _____

Name: _____ Cell: _____

Audio Visual Equipment

If audio visual assistance is required, such as phone lines, electrical, Internet, etc., please complete the attached Audio-Visual Exhibitor Services Order Form/Credit Card Consent/Payment Form. This form should be completed and returned directly to PSAV as indicated on the form.

We understand these costs are the company's responsibility and the vendor will require credit card information in order to proceed.

PLEASE RETURN THIS FORM NO LATER THAN JULY 8, 2019 TO:

Vanessa Kizart

P: 1-630-570-5604 F: 1-630-963-8607 E: vkizart@asge.org

If this form is not completed in its entirety, your confirmation will be delayed.