

Exhibitor Registration Form

Name of Exhibitor Contact Person for Conference _____
(This person will receive all correspondence prior to and following the conference)

Company Name _____

Complete address of contact person _____

Phone Number _____ Fax Number _____

E-Mail Address _____

List any companies to avoid assigning next to your booth: _____

Indicate wording for your two line booth identification sign:

Line 1 _____

Line 2 _____

Indicate Names for Name Badges:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please check desired sponsorship opportunity:

Diamond Sponsorship _____ \$5000
Gold Sponsorship _____ \$3000
Silver Sponsorship _____ \$2000
Exhibitor _____ \$750
Additional Personnel _____ \$150 each

Early Bird discount (before June 1) _____ (-\$50)

Total Paid _____

*For Additional Information please call 919-518-0963 or e-mail cami@nc.rr.com
The WOCN Tax Id Number is 25-1251887*

Credit Card Payment

I authorize SER WOCN to charge my credit card for the amount of \$ _____

MC VISA

Card Number _____ Exp Date: _____

Signature: _____

3-digit Security code from back of card: _____

Billing Address _____

**Please make check payable
to WOCN Southeast Region
And mail to:**

SER WOCN
PO Box 98073
Raleigh, NC 27624

Contract to Exhibit Southeast Region *Wound, Ostomy and Continence Nurses Society*

Date _____

The Southeast Region WOCN hereby leases to _____
(company name)

(address) _____

One 8 x 10 booth for the purpose of exhibiting, demonstrating and otherwise advertising their products at the Southeast Region Wound, Ostomy and Continence Nurses Society Conference, September 30 – October 3, 2010 at the Embassy Suites, Concord, North Carolina. For an in consideration of this lease, the leasee hereby agrees to pay to the order of SER WOCN the sum of \$750.00 per booth. For each booth leased, the exhibitor will be provided complimentary registration to the conference. **A fee of \$150 will be charged for each additional representative.**

Exhibitors paying in full by June 1, 2010 will be given and “Early Bird” discount of \$50. Cancellations must be requested in writing by September 1, 2010 and are subject to a \$100.00 processing fee. No cancellations or refunds will be granted after September 1, 2010. The Southeast Region WOCN Tax ID Number is **25-1251887**. By signing and entering into this contractual agreement with the Southeast Region WOCN, the exhibitor agrees to both its terms and the terms contained in the above.

FOR EXHIBITOR:

Signature & Title