

Hot Topics

IN NEONATOLOGY®

Exhibitor Form

Washington, D.C. - December 5-7th 2010

1. Please reserve exhibitor space for our company:

Name: _____

Company: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Exhibit space includes audio visual (AV) room admittance for 2 representatives: Please print name and email address of individuals attending: (Other representatives may attend for an additional \$450/name in A/V seating only)

1. _____

2. _____

Email _____

Email _____

2. Fee:

Exhibit Space- **see below**

\$4000 (includes two A/V attendee)

Exact dimensions (height/width) of any freestanding displays **MUST** be documented in advance in order to provide appropriate space. Otherwise space provided is limited to a standard 8'X30" tabletop which you are not required to use. Extension chords and cables are the responsibility of the Exhibitor. Electrical outlets are available. Internet access is not guaranteed. If it is required, please make arrangements with the hotel. Two chairs, table skirting and garbage disposal are included. We will make every effort to place you in a favorable area. Returning exhibitors have first priority for their 'traditional' placing.

3. Payment Options:

Check or

Credit Card: Type (Visa, M/C, AmEx, Disc) Number: _____ Exp: _____

All checks, payable to Neonatal Research and Technology Assessment, Inc, must be sent to the address below:

Neonatal Research and Technology Assessment,
Inc
52 Overlake Park
Burlington, VT 05401
(NRTA Tax ID Number: 03-0314372)

PH: 802 / 865-2283
FAX: 802 / 865-0241