

Exhibitor Registration Form

7th Annual International Medical Automation Conference
The Automated Health System

December 2, 2011

Company & PRIMARY Contact

Company Name:

Company Description:

Contact Person:

Title:

Mailing Address:

City:

State:

Zip:

Phone #:

Fax:

Email:

WebSite:

Second Company Representative (if applicable)

Contact Person:

Title:

Mailing Address:

City:

State:

Zip:

Office Phone:

Mobile Phone:

Email:

Fax:

Up to 2 representatives will receive a *free* registration for the conference.

Exhibit needs

There can be a 6-foot table and two chairs available or simply an equivalent space for your display. Please provide the following information:

Do you need electricity?

Yes

Do you want to have a 6-foot draped table in your space?

Yes

Do you want 2 side chairs?

Yes

**Exhibit Hours Friday, December 2 **

** subject to change depending on the final conference schedule

Set up 7:00 AM

Exhibit hours morning 7:00 - 8:00 AM; and, 10:30 - 11 AM

Exhibit hours - lunch period 12:30 - 2:00 PM

Breakdown 4:15 PM (end of conference)

Payment \$300.00

Acknowledged and accepted by:

Make check payable to:

Name:

Medical Automation.org

Signature:

Please mail to: Jane Fruchtnicht

Date:

707 Acorn Lane, Charlottesville, VA 22903

MA.org TAX ID Number: 54-1981938

Call 434.960.2852 to make your reservation. Complete the application and mail with your check by November 28, 2011.