

CALL FOR EXHIBITORS

A Map Through the Maze: Annual Conference for Alzheimer's Care Professionals

Wednesday, May 5, 2010 at the Royal Plaza Hotel, Marlborough, MA

In these challenging times, consider the ease of connecting with over 700 professionals at the 2010 "A Map Through the Maze" conference. The attendees include program directors, nursing home and assisted living administrators and staff, hospital and hospice personnel, care managers, activity professionals, and other providers in the community. Though not an opportunity to sell products or services, the Exhibitor Fair is a great place to promote your unique program or business. The Exhibit Area sells out so confirm early!

- ▶ The exhibit area is open longer this year, from 12:45 to 2:15 pm.
- ▶ Tables are 6' long and simply draped. Displays must be free standing. Set up begins at 11:45 a.m.
- ▶ **The Exhibitor fee is \$395 per table. NOTE:** The Exhibitor fee *does not* include conference attendance or a discount to registration.
- ▶ To be included in the Exhibitor List, confirm with us by April 16.

Please call if you do not receive confirmation within two weeks of submission.

Questions, call Lee Thurston at 617.868.6718 or lee.thurston@alz.org

EXHIBITOR FORM

Exhibitor Fee: \$395 (plus \$35 for electrical outlet, if needed)

Date & payment received: _____
assigned table #: _____
Date confirmation sent: _____
---for office use only---

Company _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Email _____

Telephone (_____) _____ Electrical outlet(s) needed? (additional \$35 each) _____

Amount enclosed \$ _____ Box lunch? ___ no ___ yes, number of lunches _____ (maximum 3)

Pay by check, credit card or purchase order:

Credit card payment: Visa or MasterCard only (**circle which**)

Credit card number _____ Exp date _____ Charge Amount _____

Print name exactly as on card _____ Signature _____

Purchase Order payment: Please include a copy of your PO/Check request.

Name of company issuing check _____ Purchase Order number _____

Payment to:

Alzheimer's Association, MTTM Exhibitor, 311 Arsenal Street, Watertown, MA 02472

Forms with Purchase Order numbers or credit card payment can be faxed to 617.868.6720.