



FAMILY 2010 Medicine DAY



Saturday, May 22, 2010

Millennium Hotel • 2800 Campus Walk Avenue • Durham, NC 27705

EXHIBITOR REGISTRATION FORM

RETURN BY APRIL 1, 2010

Program Name: _____

Contact Person: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

EXHIBITING SPECIFICATIONS / CONDITIONS - All exhibits will include one standard 6-foot table. All programs will be limited to a maximum of four representatives per booth. Exhibits can be set up beginning at 2:30 pm. Recruitment fair begins at 6:00 pm EST.

Indicate Your Program Location Non-NC Family Medicine Residency Program (\$600.00) \$ _____

Do you require electricity? (\$20) Yes No \$ _____

Do you require an Internet Connection? (\$200/per line*) Yes No \$ _____

List all representatives that will be present besides contact person: \$ _____

- 1) _____
- 2) _____
- 3) _____

| |
|-----------------------|
| TOTAL \$ _____ |
|-----------------------|

* Hard-wire / no wireless

Method of Payment: Visa MasterCard Check Enclosed

Name on Card _____ Billing Street _____

Card Number _____ Billing City _____ Billing Zip _____

Expiration Date _____ Security Code (on Reverse) _____ Billing State _____

OUR TAX ID NUMBER IS 56-1778317. Written cancellations made prior to 30 days before the meeting (04/22/10) will receive a refund equal to one half of the full display fee. Cancellations received after 04/22/10 will not receive a refund.

Please return this form NO LATER THAN APRIL 1, 2010