

27th Annual International Symposium 2009

Exhibit Application

This information will be included in the Symposium Program.

Company Name _____

Contact Name _____

Address _____

City, State, and Zip _____

Telephone _____ Fax _____ e-mail _____

Website _____

Booth Selection

8' x 10' Booth, includes two chairs, and trash can \$1,300.00

1st _____ 2nd _____ 3rd _____ (display must fit within allotted space)

Additional tables and accessories ordered from Freeman Company 214/634-1463, fax 214/634-2221.

Companies not desired in proximity: _____

Terms of Payment

Deposit in the amount of \$650 must accompany this application. *Please make checks payable to American Environmental Health Foundation.* **FULL PAYMENT is due May 1, 2009.**

Cancellation

A penalty of 50% of the booth fee will be charged in case of cancellation prior to May 1, 2009. If the exhibitor cancels the space after May 1, 2009, there will be a penalty of 100% of the booth fee.

As an authorized representative of the company named below, I understand and accept the terms of agreement as outlined above for the **27th Annual International Symposium on Man and His Environment**. We, the undersigned, hereby apply for exhibit space at the **27th Annual Symposium on Man & His Environment in Health and Disease, June 25-28, 2009**, subject to the rules and regulations governing the exhibition as stated in the Exhibitors' Prospectus which we accept as part of the agreement.

CME

CME's for exhibitor representatives are available for an additional \$200 per representative.

Signature _____ Phone Number _____

Exhibit Application Part II

Exhibitor Information

- Exhibiting companies are allowed two (2) representatives to attend and participate in all functions of the conference beginning on Thursday, June 25 thru Sunday, June 28, 2009. There is an additional charge of \$200 for each additional representative. CME's for exhibitor representatives are available for an additional \$200 per representative.)
- The exhibit space is open on Friday and Saturday from 8 a.m. – 6 p.m. and Sunday from 8 a.m. – 1 p.m.
- Exhibitor set up is Thursday, June 25, 2009 from 1:00 p.m. – 6:00 p.m.
- Exhibitor breakdown will be on Saturday, June 27, 2009 after 7 p.m. or Sunday, June 28, 2009 after 1 p.m.

(Please Type or Print Clearly Representatives Names)

1. _____ e-mail _____

2. _____ e-mail _____

3. _____ e-mail _____

Company Name: _____

Please e-mail a **50-word** description of your company for reproduction in the symposium program to symposium@ae hf.com or type the description in the space provided below.

Please check the appropriate payment amount enclosed

<input type="checkbox"/> Full payment for exhibit booth	\$1,300.00
<input type="checkbox"/> Additional cost for CME's for each representative (\$200 each)	_____
Total payment	\$ _____

Method of Payment:

Enclosed is a check in U. S. Funds (payable to AEHF)

Visa Master Card American Express

Credit Card Number: _____ Expiration Date: _____

Signature: _____

**PLEASE RETURN: 27th Annual International Symposium, 8345 Walnut Hill Lane, Suite 225, Dallas, TX 75231
214/373-5133 • Fax 214/361-2534 • e-mail: symposium@ae hf.com**