

AMERICAN COLLEGE OF PHYSICIANS, INC.
Annual Southern California Regional Scientific Meeting
Critical Updates on Chronic Disease Epidemics – October 17-19, 2008

Upon completion of form, please fax or email to:
Natalie Kaczur at 760-747-0014 or CalifACP@aol.com

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone: _____ E-Mail: _____

EXHIBIT REGISTRATION

Representative in charge of the exhibit:

Name: _____

Address: _____

Telephone: _____ E-Mail: _____

The exhibit fee is \$ 1,500 Number of Tables Needed: _____

All packages shipped to the meeting site should be addressed as follows:

- Hyatt Grand Champions Resort & Spa, 44-600 Indian Wells Lane, Indian Wells CA 92210
Attn: Carol Witteman Re: ACP Meeting/10/17/08/ Indian Wells Ballroom
- **Note:** Include name of person who will claim package and date of their arrival
- Package delivery fees are \$5 per box and \$100 per pallet. Include number of boxes being shipped
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Please coordinate your delivery so that it is within 24-48 hours of the meeting

EDUCATIONAL GRANT/SPONSORSHIP OPPORTUNITY

The above company will provide:

1. An educational grant, in the amount of \$ _____. (*A Letter of Agreement between the American College of Physicians, Inc. and the company is required.*)
2. An in-kind grant of _____ equivalent to the monetary amount of \$ _____. (*A Letter of Agreement between American College of Physicians, Inc. and the company is required.*)

Please make checks payable to the American College of Physicians and send with original Exhibit Registration and (if required) Letter of Agreement to: Natalie Kaczur, Program Coordinator, 9033 Harmony Grove Rd., Escondido, CA 92029 (760.747.0014). Our Tax I.D. Number is: 33-0869933.

Note: Upon receipt of this form, a letter will be emailed to you delineating the specifics of the program and logistics for exhibitors.