



**Colorado CHAPTER OF
THE AMERICAN COLLEGE OF PHYSICIANS**

ANNUAL SCIENTIFIC MEETING, February 7, 2019 thru
February 9, 2019
Broadmoor Hotel, Colorado Springs, Colorado

EXHIBITOR AGREEMENT

COMPANY NAME _____ PRIMARY
CONTACT _____ TITLE _____ ADDRESS _____
CITY/STATE/ZIP _____ TELEPHONE _____
FAX _____ E-MAIL _____

NAMES OF REPRESENTATIVES STAFFING YOUR BOOTH

1) _____ 2) _____
3) _____ 4) _____

PRIMARY REPRESENTATIVE STAFFING YOUR BOOTH

NAME _____ TITLE _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____ FAX _____ E-MAIL _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WA CHAPTER - ACP EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature _____ Title _____

☐ TABLE TOP EXHIBIT

TOTAL AMOUNT ENCLOSED

☐ CHECK ENCLOSED

PLEASE RETURN THIS FORM AND YOUR CHECK, MADE PAYABLE TO: ACP Colorado Chapter

Please mail check to: ACP Colorado Chapter 5404 South Taft Court, Littleton Colorado 80127, Attention: Christine Westbrook

Phone: (720) 301-3184 email: cochapteracp@msn.com

TAX ID# 84-0915284

FOR OFFICE USE ONLY: DATE REC'D _____ AMOUNT _____
CHECK NO. _____