



Industry Support/Exhibit Registration Form

Fall Chapter Meeting: October 10-13, 2019
Location: Amway Grand Plaza Hotel, Grand Rapids, Michigan

Please print (or attach your business card):

Company Name: _____

Company Address: _____

Contact Person: _____

Telephone: _____ Email: _____

- | | |
|--|---------|
| <input type="checkbox"/> Pharmaceutical/Technical/Exhibits | \$2,000 |
| <input type="checkbox"/> Physician/Employee Recruitment / Sales (companies/hospitals) | \$2,000 |
| <input type="checkbox"/> Non-Profit Exhibits – other than physician/employee recruitment / Sales | \$750 |

Products/services to be displayed: _____
(what do you plan to exhibit? (i.e. type of product or service))

Please make checks payable to Michigan Chapter, ACP and send with Exhibit Registration form to the address below.

Thea Lockard
Michigan Chapter, American College of Physicians
515 Serenity Court
Troy, MI 48098
Fax: 248-879-0630
Phone: 248-602-0235
tlockard@acpmichigan.org
Fed. Tax ID# 51-0222-989

OR
Visa, MasterCard, Discover (CIRCLE ONE) **(NO American Express)**

Card No. _____

Expiration Date: _____

Name On Card: _____

Address Assigned to Card: _____