



# WAITING LIST

## ACMA's 2010 CONFERENCE Vendor Booth Reservation Form

As an exhibitor, you will benefit from networking opportunities with over 100 Healthcare Professionals in the Austin area to learn of your products and services.

**Fee for each booth is \$175 (after March 1st \$250)**

Fee includes one attendee to the conference for CEU's, lunch and refreshments. There will be an additional charge for conference attendees and volunteers.

You may reserve your booth by completing the form below, fax it the number listed and then call 836-1234 to verify receipt. Immediately following these steps, please mail a check payable to: ACMA, P.O. Box 141206, Austin, TX 78714-1206. When the check is received, we will mail you vendor contract along with additional information regarding the conference.

**Each booth is first come first serve. (Booth reservation subject to ACMA approval.)**

### Vendor Booth Reservation Form

By submission of this form it is understood that you are reserving a booth at the 2010 ACMA Conference, April 22, 2010 at Norris Conference Center in Austin, Texas.

CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Using a Display Board: \_\_\_\_\_ no \_\_\_\_\_ yes Size of display: \_\_\_\_\_

Electric Outlet needed: \_\_\_\_\_ no \_\_\_\_\_ yes

AUTHORIZATION SIGNATURE (x) \_\_\_\_\_

Sign and fax this form to:

ACMA  
512-836-4926