



Networking & Educational Seminar for Lymphedema Therapists  
Doylestown Hospital, Doylestown (near Philadelphia), PA  
**PA 10/2018 VENDOR FORM**

**FEES:** (See Vendor Brochure for Descriptions)

- GOLD SPONSOR:** ( ) **\$2,500**
- SILVER SPONSOR:** ( ) **\$2,000**
- BRONZE SPONSOR:** ( ) **\$1,500**
- Exhibitor Booth Fee:** ( ) **\$1,250**
- Tote Stuffer Fee:** ( ) **\$350**

**EXHIBIT INFO:**

Exhibitor/Sponsor Set-Up: Friday, 3:30-5:00 p.m. Exhibit Hours: Friday: 5:30 p.m. - 7:00 p.m. (during Reception); Saturday: 7:30 a.m. - 4:30 p.m., or until 6:15 p.m. if you prefer. (**NOT SUNDAY**)

**COMPANY INFO:**

Company Name (as you want it to appear): \_\_\_\_\_

Company Contact: \_\_\_\_\_

Booth Staff Names: \_\_\_\_\_

Do you need Electricity?: YES \_\_\_\_\_ NO, I do not need Electricity \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

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

Signature: \_\_\_\_\_

CREDIT CARD #: (**VISA • MasterCard • AMEX**) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ **TOTAL PAID:** \$ \_\_\_\_\_

**FAX** to 805.772.4717 or **Email to:** [shsh@lymphseminars.com](mailto:shsh@lymphseminars.com)

Or, **Mail** all checks to:

**Lymphedema Seminars**

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