

EXHIBITOR REGISTRATION FORM
56th ANNUAL CONFERENCE
Hawaii Veterinary Medical Association
November 13 - 15, 2009

YES, we will be exhibiting at the meeting and request the following:

		Amount Enclosed
1 – 6' x 2 ½' table	\$ 750.00	_____
2 – tables	850.00	_____
3 – tables	950.00	_____
4 – tables	1050.00	_____

NOTE: Above fees include attendance at cocktail hour on Saturday, November 14th. This event represents an opportune time to meet registrants (DVM's and staff).

Lunches: The lunch breaks are also a period of exhibitor activity. Exhibitors may prefer to have lunch at an alternate time and be available to registrants during lunch hour. Registration fees do not include any meals. If exhibitors request lunch, please indicate below.

Friday, November 13 @ \$30.00	_____
Saturday, November 14 @ \$30.00	_____
Sunday, November 15 @ \$30.00	_____
Total Enclosed	_____

Please make checks payable to and send with registration form to:
 HVMA, P.O. Box 61309, Honolulu, Hawaii 96839-1309.

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE & FAX NO: _____

NAMES OF EXHIBITORS, COMPANY REPRESENTATIVES:

EMAIL ADDRESS _____

DEADLINE: OCTOBER 01, 2009 Send now!