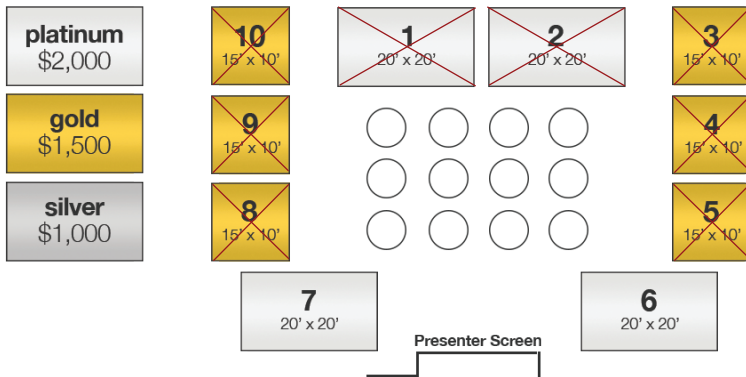
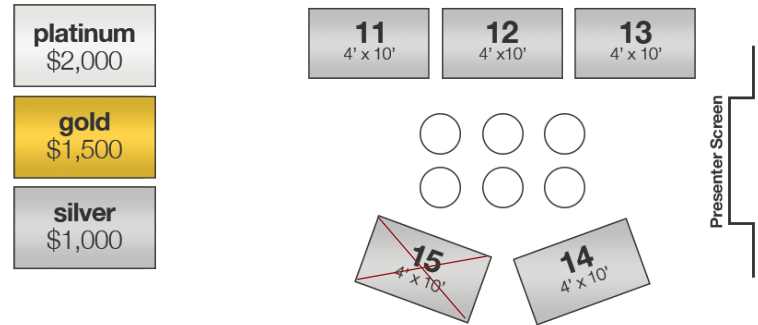


Vendor Booth Registration

Canyons Ballroom



Salt Creek Ballroom



General Information

Company _____ Attendee(s) _____
 Phone _____ Email _____

Booth Information

- Platinum (\$2,000)**
 - Gold (\$1,500)**
 - Silver (\$1,000)**
- Booth Number** _____

By signing this form, you agree to the following terms and conditions: Payment in full is required prior to participating in the conference on October 5-6. Once your booth is reserved by signing and returning this form to Alpine Home Medical, you may opt out free-of-charge on or prior to 8/1/2017. A fee of 50% of your reserved booth price will be charged if the opt-out occurs between 8/2/2017 and 9/1/2017. 100% of your reserved booth price will be charged if the opt-out occurs on or after 9/2/2017. A full or partial refund will be provided if payment is already made and your opt-out occurred on or before September 1.

Authorized Signature _____

Payment Information

- Credit Card**
 A credit card payment can be processed over the phone. Please call Becky Cook at 801-590-2729
- Check**

Please make out the check to **Alpine Home Medical Equipment** and send to:

ATTENTION: Brittney Friess
132 E. 13065 S. Ste. #200
Draper, UT 84020

*A receipt/proof of purchase will be sent to the email address provided above upon receipt of payment.

Email this form to: ben.cook@alpinehme.com

Fax this form to: **(801) 463-2880**