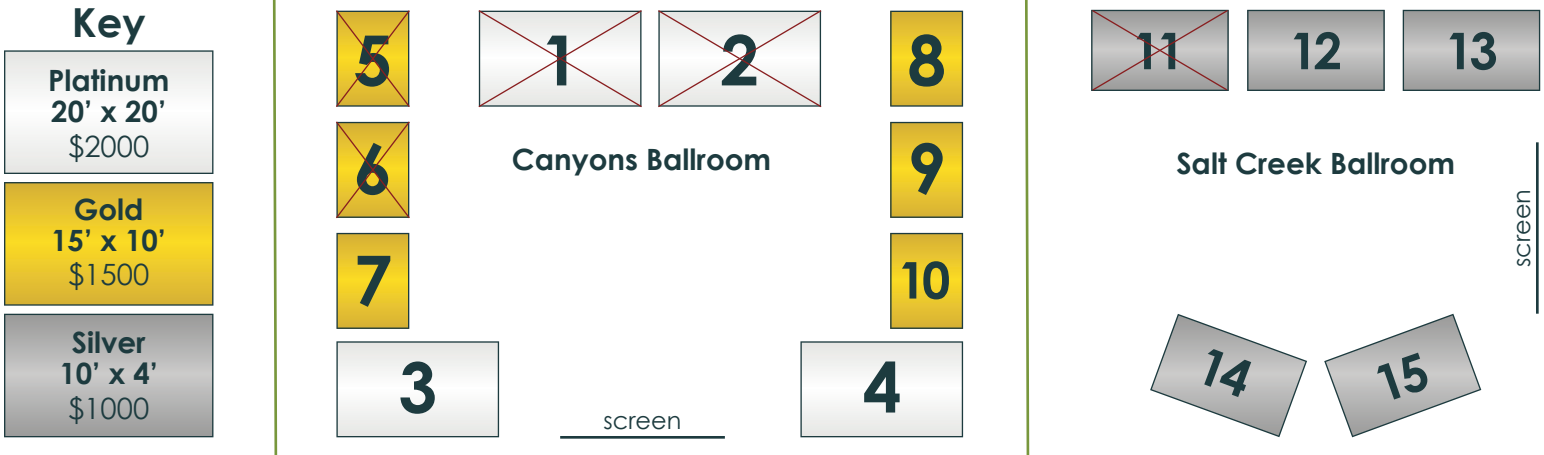


Vendor Booth Registration



General Information

Company _____

Contact Name _____

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 8/1/2018. A fee of 50% of your reserved booth price will be charged if the opt-out occurs between 8/2/2018 and 9/1/2018. 100% of your reserved booth price will be charged if the opt-out occurs on or after 9/2/2018. 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.