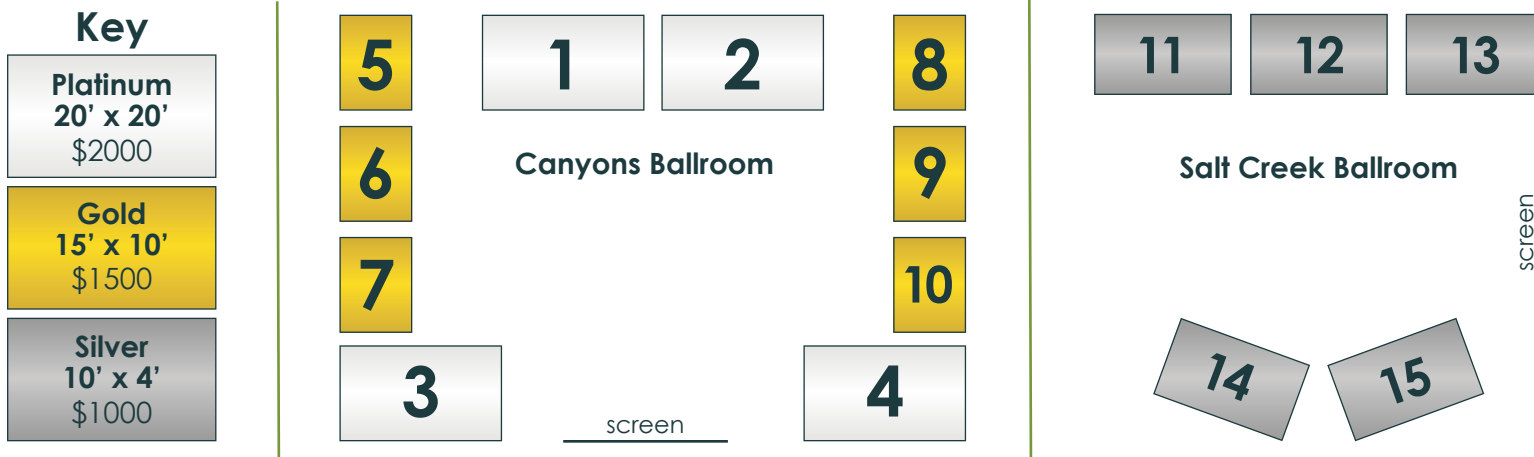


Vendor Booth Registration



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 3-4. 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 8/1/2019. A fee of 50% of your reserved booth price will be charged if the opt-out occurs between 8/2/2019 and 9/1/2019. 100% of your reserved booth price will be charged if the opt-out occurs on or after 9/2/2019. 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/eCheck** (NEW)
Register for your booth online at alpinerehabconference.com/registration
- 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
- Product Credit** (NEW)
Please inquire with Ben Cook at ben.cook@alpinehme.com

*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