



2008 SC Emergency Care Symposium EXHIBITOR APPLICATION

Mail to: South Carolina EMS Network, Inc.
1016 E. Montague Ave – N. Charleston, SC 29405
Phone (843) 529 0977 Fax (843) 529-0460

Please Print! Complete this section as it should appear in show-related information.

Contact Name: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a brief description of your exhibit. Include website and email address.

Confidential Billing Information:

Billing address (if different from above) _____

Billing Contact: _____ Direct Phone: _____

Exhibit Contact (attending show) _____ Phone: _____

Exhibitor Choice of Booth:

- \$525.00 per 10' x 10' space
 \$475.00 for each additional 10' x 10' space
 \$650.00 for each Ambulance, \$700 for each Crash Vehicle (limit two per company)
 \$475.00 for each outdoor space (limited space available - first come, first served)
(Display Vehicles not registered with the Symposium will be prohibited from entering the hotel parking area)

50% due with registration by March 17, 2008, All balances due no later than March 31, 2008

Payment: Attached is Exhibitor's Check # _____ payable to South Carolina EMS Network, Inc.

Please bill my Visa Mastercard card # _____ Exp _____

Cardholders billing address: _____

Cardholders signature: _____

Exhibitor fully understands and agrees that this application constitutes an agreement and shall become binding upon its acceptance by the South Carolina EMS Network, Inc. for exhibit space, and is subject to the terms, conditions and rules and regulations enclosed.

Applicant's Authorized Signature: _____ Title _____ Date _____

For Office Use Only - Date Payment Received _____ Amount \$ _____ Check # _____

Booth Assignment _____ Approved by: _____