

Wyoming Society for Respiratory Care
2018 CONFERENCE
VENDOR REGISTRATION
September 20-21
Holiday Inn, Cody Wyoming

Company Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Cell Phone _____ E-mail _____

You are entitled to two exhibitors per booth (table).
Please list exhibitor's names.

1. _____ 2. _____

***Extra exhibitors may join you at \$75.00 per two people. Please list names.

1. _____ 2. _____

PAYMENT SUMMARY:

A booth is a 6 foot table. Assignments of booths will be made only upon receipt of your payment.

Conference is being held at Holiday Inn, Cody Wyoming.
Set-up may begin at 0600 on Thursday, September 20th
Last Vendor break is scheduled for Friday, September 21th from 1030-1100

Vendor fees are waived with sponsorship of a speaker.

Vendor Fee

.....	\$350.00
Extra Company Representatives (\$75.00 per addt'l 2 people)...	_____
Sponsor a Break (\$200 each).....	_____
Contribute a Door Prize (\$25.00 each).....	_____
TOTAL	_____

Please mark if electrical outlets are needed. _____

Extension cords and power strips are NOT provided.

Assignment of tables is done upon RECEIPT of your payment.

Please send payment to:

Tristan Sheets
WSRC Past President
1840 W. 50th Street
Casper, WY 82604
E-Mail: tsheets05@gmail.com
Phone: 307-258-2363

WSRC TAX ID NUMBER: 952501102