

Wyoming Society for Respiratory Care
2019 CONFERENCE VENDOR REGISTRATION
September 12-13
Ramada Inn, Casper 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 Ramada Inn, Casper, Wyoming.

Set-up may begin at 0600 on Thursday, September 12th

Last Vendor break is scheduled for Friday, September 13th from 1030-1100

Vendor fees are waived with sponsorship of a speaker.

Vendor Fee \$350.00

Extra Company Representatives (\$75.00 per add'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:
Warren Keldsen, WySRC Treasurer
320 6TH Street
Rawlins, WY 82301
WSRC TAX ID NUMBER: 952501102