



2018 Fall Symposium Exhibit Registration Form

AzGS MEMBER RATE

\$500 per day

NON-MEMBER RATE

\$600 per day

Contact First Name	Last Name	Credentials
Company Name		
Company Mailing Address		
City	State	Zip
Company Email Address		Company Phone

Representative(s) Who Will Staff Your Exhibit Table(s)

Rep1 Name	Rep 1 Email	Rep 1 Phone
Rep 2 Name	Rep 2 Email	Rep 2 Phone
Rep 3 Name (ADDITIONAL CHARGE \$100)	Rep 3 Email	Rep 3 Phone

Payment Information

AzGS is a 501(c) (3) non-profit organization, tax ID #86-0598186. Make checks payable to *Arizona Geriatrics Society* and mail with this form to: 1934 East Camelback Road, No. 120-419, Phoenix, AZ 85016 or email AskUs@ArizonaGeriatrics.org

Enclosed is my check (payable to *Arizona Geriatrics Society*). Please charge my credit card: AmEx MasterCard Visa

Credit Card Number	\$
Name on Credit Card	Total Amount to
	Expiration Date

Exhibit registration includes food, beverages, and admission to the conference for two representatives plus the exhibit space (6' table with two chairs). There is an additional charge of \$100 per person for more than two representatives. For additional information, please email us at AskUs@ArizonaGeriatrics.org or call (602) 743-1969

Questions may be directed to Iris Sumpter, Program Administrator, at IrisSumpter@ArizonaGeriatrics.org (602) 743-1969