

**NOBODY
DOES IT
BETTER**



MAY 4-6, 2009
OKLAHOMA CITY
RENAISSANCE HOTEL

APPLICATION TO EXHIBIT

1. Identify Yourself		
Company Name		
Representative		
Title		
Address		
City, State, Zip		
Phone	office	
	cell	
E-mail		
Product(s)		

**DEADLINE
MARCH**

☆☆ **29** ☆☆

2. Determine Specifics	
<input type="radio"/> 6' x 3' draped table, 2 chairs, wastebasket, located in high traffic area of conference site (specify if you are non-profit or not by marking appropriate circle at right)	<input type="radio"/> \$400 <input type="radio"/> \$250 (non-profit)
<input type="radio"/> Two 6' x 3' draped tables, 2 chairs, wastebasket, located in high traffic area of conference site	\$550

Extras
<input type="radio"/> electricity (power strip) for my table
<input type="radio"/> My Company is interested in sponsorship (please complete sponsorship form)

Special Requirements for My Exhibit

Exhibit Times

Set-Up: Tues., May 5, 7:00 am
Exhibit Hours: Tues., May 5, 7:30 am - 4:30 pm
Breakdown: Tues., May 5, after 4:30 pm

Payment

Mail application and payment to:

Oklahoma State Department of Health
Janet DeVeney-Edwards, ASTDN Asst.
1000 NE 10th Street
Oklahoma City, OK 73117-1299

Fax 405.271.1897

Checks/PO payable to: **ASTDN**

Note: ASTDN Employer ID # 31-1704813
W-9 Form available upon request

3. Payment Method

- Check
- Purchase Order