

The VT Association of Diabetes Educators &
The VT Pharmacists Association Joint Meeting

Capitol Plaza Hotel & Conference Center, Montpelier, VT

November 14, 2009

7:30am to 4:00pm

Exhibitor Registration Form

Please return this form by September 12, 2009

Company/Products_____ / _____
Representative Name/s_____ / _____
Address_____ / _____
Email address_____ / _____
Telephone#s_____ / _____
Additional Representatives at \$40.00 per Representative: 1. _____
2. _____
Special requests for display booth (Electricity, etc.) _____

Payment:

Tax ID number for VTADE is 30-0007014

Booth Fee is _____ \$500.00 (For-Profit) or _____ \$250.00 (Non-Profit & Not-For-Profit)
(includes booth, meal, and recognition in VTADE Quarterly Newsletter for one year.)

_____ I would like to offer a grant for VtADE Speaker fees (Liz will be in touch with you)

_____ I will provide a gift for the silent auction

Check is enclosed payable to VtADE

Check will be processed from Corporate and will arrive by October 31, 2009

Signature _____

Please submit this form to:

Dorothy Malone-Rising (VtADE Treasurer)

Johnson Health Clinic & Diabetes Center of the Lamoille Valley

384 Lower Main West, PO Box 318

Johnson, VT 05656

(ph) 802-635-6689

FAX: 802-635-7435

(feel free to call with questions/concerns- Liz Derry 802-296-6397)

For VTADE use only:

Check received from exhibitor: Date _____