



AzSRC 54th ANNUAL CONFERENCE & EXHIBITION

The Sheraton Grand Downtown

Phoenix, Arizona

Conference/Exhibition August 31- Sept 2

Vendor/Exhibitor Application

Company Name: _____

Address: _____

City, State: _____

Contact Name: _____

Local Rep Contact Info: _____

Contact Email: _____

Phone/Fax: _____

Each booth will be 10x10 with signage provided by the AZSRC and this year includes wifi and power to each booth. For this reason, the board is offering a single rate for the booth this year.

- \$1500- This year your booth location in vendor hall will be assigned based on when we receive your application and payment.

Please bring your own compressed gas and regulators

Please select if you are interested in one of the following:

- I would like more information on hosting/sponsoring general session speaker.**
- I would like to provide a gift for the AzSRC to use during the raffles**

PLEASE MAIL THIS COMPLETED FORM ALONG WITH PAYMENT BY AUGUST 1. MAKE YOUR CHECK PAYABLE TO: AZSRC (Arizona Society for Respiratory Care).

OR YOU CAN PAY ONLINE AT WWW.AZSRC.ORG

AzSRC
C/O Conference Committee
PO Box 9342
Surprise, AZ 85374

Contact E-mail: kathy.rineer@encompasshealth.com