



EXHIBIT SPACE APPLICATION & CONTRACT

(Please print or type)

Company or Organization Name _____

Address _____ City/State/Zip Code _____

Published Phone Number _____ Published Fax Number _____

Company Web Site _____

Booth Coordinator (contact for exhibit communications) _____

Contact Phone # _____ Contact E-mail _____

Friday Evening Welcome Event: \$8,000

Premium Table Top Display (P): \$1,500

Exhibit Hall Luncheon: \$6,500

Basic Table Top Display: \$1,000

Exhibit Hall Breakfast or Break: \$5,000

Education Session Grant: \$3,000

Booth Choice: 1st choice _____ 2nd choice _____ 3rd choice _____

To reserve your space:

Mail, Fax or E-mail form to: Tucson Osteopathic Medical Foundation
Cece Pappas
3182 N. Swan Road, Tucson, AZ 85712
Phone: (520) 299-4545 or toll-free (800) 201-8663, Fax: (520) 299-4609
E-mail: cece@tomf.org

Exhibit space will be confirmed when payment is received.

Type of Payment: (Check one) Full payment due with application.

Visa MasterCard American Express Check (payable to TOMF)

Total Amount Enclosed: \$ _____

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____

Card Billing Zip: _____ CCV#: (3 digit number on back of card): _____

For office use only:

Booth assigned: _____

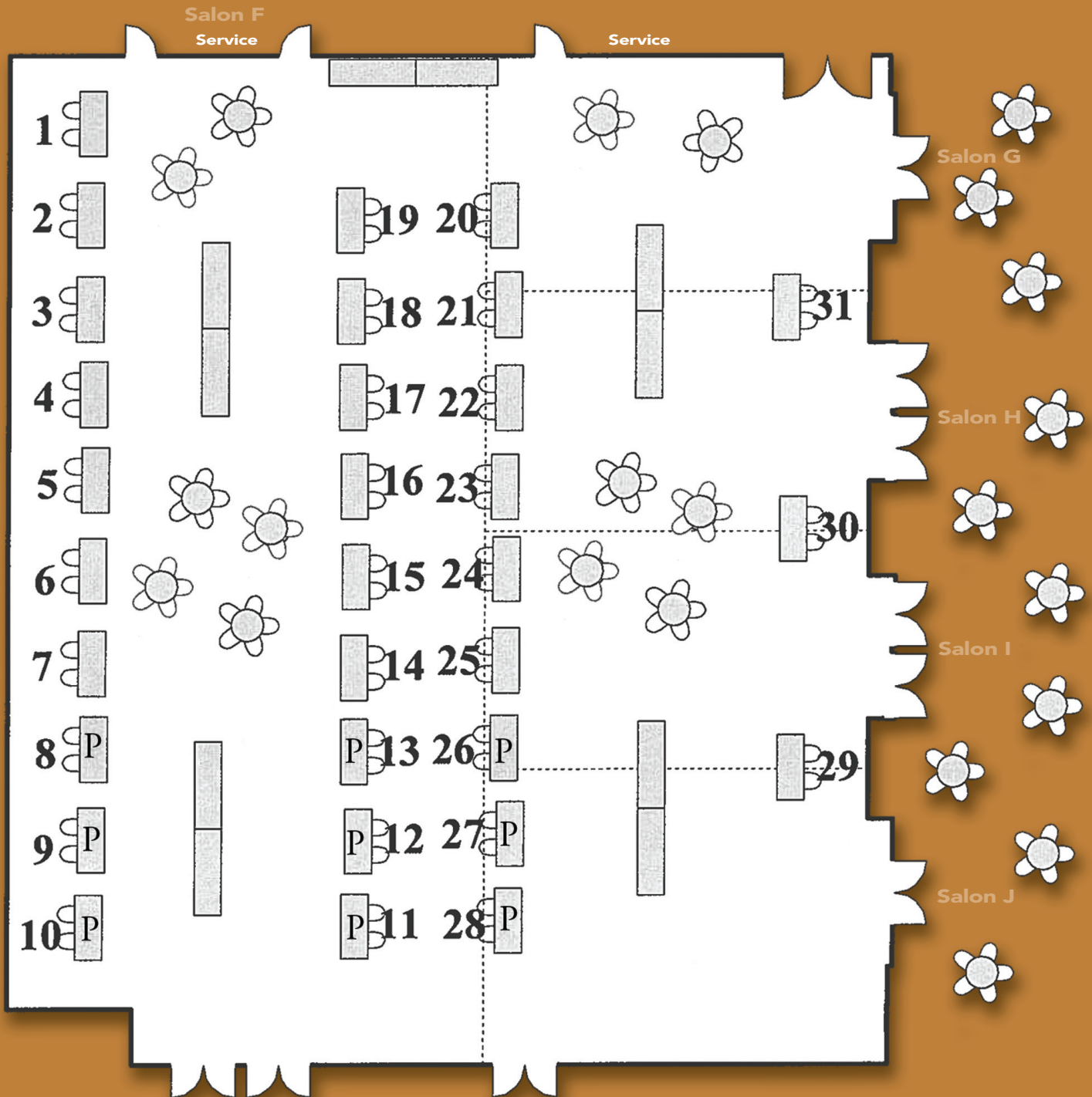
Cost: \$ _____ Paid: \$ _____ Date: _____

Payment Method: _____

EXHIBIT HALL FLOOR PLAN

Tucson Ballroom Salons F-J

TOMF EXHIBITS



Main Entrance

P = Premium