

Idaho State University
Division of Continuing Education & Conference Services
Campus Box 8062
Pocatello, Idaho 83209-8062
Phone: 208-282-3155, Fax: 208-282-5894
E-mail: extendedlearning@isu.edu

APPLICATION/CONTRACT FOR EXHIBIT SPACE

Please Print or Type

Event: 2013 Thomas Geriatric Health Symposium
Date/Location: Friday, October 11, 2013 – Idaho State University Pond Student Union

Company/Department: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Title: _____

Name(s) of person(s) staffing booth (max. 2): _____

Phone: (_____) _____ ext. _____ Fax: (_____) _____

Email: _____

Each Exhibitor Space (6-foot table) is \$75.00 (\$50.00 for non-profit organizations).

- We wish to reserve _____ exhibit space(s) at the **\$75** rate
- We wish to reserve _____ exhibit space(s) at the **\$50** non-profit rate
- Check this box if you need us to provide a tablecloth to drape your exhibit table**
- We wish to reserve _____ exhibit space(s) and are an ISU department/organization.

Note: The exhibit space fee is waived for ISU departments/organizations but you must provide your own tablecloth(s) to drape your exhibit table(s) or request them for an additional **\$5.00** each.

Number of tablecloths being requested at **\$5.00** each: _____

- I need access to an electrical outlet. (Please bring your own extension cord.)

Note: Internet Access is restricted on the ISU campus. We may be able to arrange for guest log-in access to ISU's wireless system for a fee and if given a **minimum four weeks' notice**. Call Shirley at 282-2789 no later than October 1st if you would like us to arrange for WiFi guest-log in for an additional fee.

Total Amount Due: \$ _____

Please make checks payable to Idaho State University and return along with this form to:
Continuing Education, Idaho State University, Box 8062, Pocatello, ID 83209

Please provide a description of the service/product(s) you will be displaying: _____

Tables will not be confirmed until payment is received and will be assigned on a first-come, first-served basis. We will make every reasonable effort to assign exhibit space to provide physical separation of competitors, as long as such information is provided in this application. Please list any vendors you wish/do not wish to be adjacent to:

Next to: _____

Away from: _____

The Conference Planning Committee, ISU, and the State of Idaho assume no liability for property lost from your exhibits during the conference due to robbery, fire, accident, or any other hazard, without limitation. The planning committee reserves the right to disallow any display or firm that may not be in keeping with the goals of this conference.

**Mail or fax the completed form to:
Continuing Education, Idaho State University, Box 8062, Pocatello, ID 83209
Fax: (208) 282-5894**

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**26th Annual Idaho Conference on Health Care – October 11, 2013
Thomas Geriatric Health Symposium Registration Form**

To help us plan better, we request that all participants pre-register by October 1 by sending in their completed registration form to ISU Continuing Education, Stop 8062, Pocatello, ID 83209-8062. The form may also be faxed (208) 282-5894 or emailed (extendedlearning@isu.edu).

Please complete ALL fields and type or print clearly.

Mr. Ms. Dr.

Last Name _____ First Name _____

Affiliation/Department _____

Mailing Address _____

City/State/Zip _____

Daytime Phone _____ Email Address* _____

* **Required:** Registration confirmation and conference updates will be sent electronically to reduce mailing costs.

If affiliated with ISU, please check one: Undergraduate Student Graduate Student Faculty Staff

Please choose only one event to attend as they are both all day.

- Thomas Geriatric Symposium.
 Interprofessional Education & Oral Health Workshop

Registration Fees

The symposium is free of charge but **pre-registration by October 1** is required to attend.

Location

I wish to attend at ISU-Pocatello (live) ISU-Meridian Health Science Center (by distance learning)

Continuing Nursing Education Credit (CNE)

I need CNE Credit and agree to read the disclosure form available on the website and comply with all requirements.

ADA Accommodations/Special needs: (Requests must be received by October 1, 2013)
