

Early Registration is encouraged due to limited availability

Company Name (as it should appear on conference website and program book)

Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Website _____
 Product or service to exhibit _____

Contact Person (designated as the authorized representative in charge of exhibitor space and is to receive all official correspondence)

Name _____ Title _____
 Phone _____ Email _____

Exhibit & Sponsor Fees

<input type="checkbox"/>	Premier	SOLD OUT			
<input type="checkbox"/>	Platinum	\$17,500	Sponsorship Choice	_____	
<input type="checkbox"/>	Gold	\$7,500	Sponsorship Choice	_____	
<input type="checkbox"/>	Silver	\$5,000	Sponsorship Choice	_____	
<input type="checkbox"/>	Bronze	\$3,000	Sponsorship Choice	_____	
<input type="checkbox"/>	Exhibitor – Booth	\$1,600	Booth # 1 st choice	_____	2 nd choice _____
<input type="checkbox"/>	Exhibitor – Table	\$1,300			Electrical? Yes* _____ No _____

*additional charges apply

Payment Information

Please make check payable to Association of Chiropractic Colleges and mail to 4424 Montgomery Ave, #202, Bethesda, MD 20814

- Requests will be honored on a first come, first served basis
- Cancellations must be made in writing by January 14, 2019 and are subject to a 50% cancellation fee. No refunds for cancellations after January 14, 2019.
- Payment must be received within 20 days of receipt of application to guarantee availability.
- **Questions? Contact 301-652-5066**

Please send your application to:

Email at robyn.patkus@chirocolleges.org

Fax at +1.301.913.9146

Mail at 4424 Montgomery Ave, #202, Bethesda, MD 20814

- Premier Sponsors:** Six Conference Registrations
- Platinum Sponsors:** Five Conference Registrations
- Gold Sponsors:** Four Conference Registrations
- Silver Sponsors:** Three Conference Registrations
- Bronze Sponsor** Two Conference Registrations
- Exhibitors:** One Conference Registration, additional conference registration at \$225

Please provide the person's first name, last name and degree(s).

Company Name _____

Registration #1 (Premier, Platinum, Gold, Silver, Bronze Only) _____

Registration #2 (Premier, Platinum, Gold, Silver, Bronze Only) _____

Registration #3 (Premier, Platinum, Gold, Silver Only) _____

Registration #4 (Premier, Platinum, Gold Only) _____

Registration #5 (Premier, Platinum Only) _____

Registration #6 (Premier Only) _____

Exhibitor Registration: _____ will this person be attending sessions? Yes _____ No _____

Additional Exhibitor Registration (\$225 fee applies if attending sessions) _____

Additional exhibit staff personnel (not attending sessions) _____

Additional exhibit staff personnel (not attending sessions) _____

- **Questions: 1.301.652.5066**
- **Email: robyn.patkus@chirocolleges.org**