



EXHIBITOR REGISTRATION

OSAP 2010 Annual Symposium

2 Attendees for \$1,495!

Company Name _____

*Attendee 1: Name

*Attendee 2: Name

Title

Title

Address/City, State Zip

Address/City, State Zip

Phone & Fax

Phone & Fax

Email

Email

Special Accommodations

If you require special accommodations to participate in the 2010 Symposium, please attach a description of your needs.

Complimentary Pre/Post Conference Programs

I will attend the Global Patient Safety Summit (8-12 on Thursday, June 10)

I will attend the Educators' Program PRE: Thurs, June 10

POST: Sun, June 13

PRE: Thur., June 10 POST: Sun, June 13

I will attend the Consultants Program PRE: Thurs, June 10

POST: Sun, June 13

PRE: Thur., June 10 POST: Sun, June 13

Optional Night Out (separate fee)

I will attend the Ybor City tour and dine-around on Saturday, June 12

| Registration Fee | Received by 4/30 | Rec'd 5/1 & Later |
|--------------------------------|------------------|-------------------|
| Member Company Exhibit | \$1,495 | \$1,695 |
| Non-Member Company Exhibit | \$2,195 | \$2,495 |
| Additional Attendees (>2) each | \$299 | \$349 |
| Saturday Tour and Dine-around | \$35 each | \$50 each |
| TOTAL | | |

Payment Method: Check Visa MasterCard AMEX

Card#: _____ Exp: _____

Remit to:

Mail: OSAP Symposium; PO Box 6297; Annapolis, MD 21401

Email: office@osap.org;

Fax: 410-571-0028

Phone: 410-571-0003

DEADLINES

Registration deadline is May 31. After that date, OSAP cannot guarantee your company name will appear in the participant materials although every effort will be made to accommodate your registration.

CANCELLATIONS

Received in writing by May 31 are eligible for a refund. A \$25 Admin Fee will be applied. Cancellations received after May 31 are not eligible for refunds or credits.

SHIPPING

Please ship materials to arrive after Tues, June 8. Exhibit materials must be removed from exhibit area by 1:30 pm Sat, June 12. Ship to: Hyatt Regency Tampa; 211 North Tampa Street, Tampa, FL 33602; HOLD for (your name); 813-225-1234

* If your company will be submitting payment for more than two attendees, please copy this form and submit a fully completed form for each attendee.