

REGISTRATION FORM

Please submit your registration form via fax to 870.207.0522

Sponsor/Exhibitor/Company _____

Contact Name & Title _____

Phone _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Type Of Product/Service to be Displayed _____

SPONSORSHIP LEVEL

Sign up by February 5 to ensure full sponsorship benefits.

<input type="checkbox"/>		DIAMOND SPONSOR \$25,000	<input type="checkbox"/>		PLATINUM SPONSOR \$10,000	<input type="checkbox"/>		GOLD SPONSOR \$5,000
	<input type="checkbox"/>		SILVER SPONSOR \$2,500	<input type="checkbox"/>		BRONZE SPONSOR \$1,000		

BOOTH RESERVATION

Please reserve the indicated number of booths in the following categories:

Early Bird Booth Rate
(On or before Jan 1, 2018)
_____ \$350 each

Regular Booth Rate
(After Jan 1, 2018)
_____ \$450 each

EXPO EXTRAS:

Additional Table \$20 x _____ of tables

Additional Chairs \$5 x _____ of chairs

Additional 110 Electrical Outlets
\$25 x _____ quantities

Additional 220 Electrical Outlets
\$100 x _____ quantities

Meal Tickets \$12 x _____ of tickets

Premium selection of booth space is available for a \$50 fee.
Choose your top 3 preferences from the map on the back.

_____ 1st Preference _____ 2nd Preference _____ 3rd Preference

*Refunds will not be given after March 23, 2018. Booths must be paid in advance.
If you have any questions, contact Lydia Parkey at 870.207.EXPO or lydia@stbmedicalgroup.com.

WAYS TO PAY

Make check payable and mail to:

St. Bernards Foundation
400 East St.
Jonesboro, AR 72401

Pay online: www.stbernardsfoundation.org

Pay by credit card: St. Bernards Foundation, 870.207.2500, or fill in information below.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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Credit Card Number

Security Code

Expiration date

Authorized Signature _____ Date _____