



**PECHANGA RESORT, TEMECULA CA
EXHIBITOR REGISTRATION FORM**

Company: _____

Contact/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

On-Site Company Representatives (Full Name, Title, Email Address)

Exhibitor #1: _____

Exhibitor #2: _____

PAYMENT INFORMATION:

- \$900 – Basic Exhibit (Tuesday, June 4th - Thursday, June 6th)
- \$1,700 – Two Exhibits (Tuesday, June 4th - Thursday, June 6th)
- \$1,700 – Bronze Boost (Tuesday, June 4th - Thursday, June 6th)
- \$2,500 – Silver Boost (Tuesday, June 4th - Thursday, June 6th)
- \$3,975 – Platinum Big Boost (Tuesday, June 4th - Thursday, June 6th)

Yes! I will need electrical. No, I will not need electrical.

TOTAL ENCLOSED: \$ _____

Check payable to CSRC

VISA/MC/AMEX Card#: _____ Exp: _____ CVV: _____

Print name as it appears on card: _____

Signature: _____

There will be a 50% cancellation fee for cancellations received before May 20th and no refunds thereafter.

**RETURN EXHIBIT REGISTRATION FORM VIA EMAIL TO: office@csrc.org
Please visit csrc.org for further vendor information**

**MAIL CHECKS TO THE FOLLOWING ADDRESS:
California Society for Respiratory Care (CSRC) 3868 Howe Street #1, Oakland, CA 94611
Phone: 888-730-2772 / Email: office@csrc.org**