



**Networking & Educational Seminar for Lymphedema Therapists  
Greater Baltimore Medical Center (GBMC), Baltimore, MD  
MD 4/19 VENDOR FORM**

**FEES:** *(See Vendor Brochure for Descriptions)*

- GOLD SPONSOR:** ( ) **\$2,500**
- SILVER SPONSOR:** ( ) **\$2,000**
- BRONZE SPONSOR:** ( ) **\$1,500**
- Exhibitor Booth Fee:** ( ) **\$1,250**
- Tote Stuffer Fee:** ( ) **\$350**
- Sponsorship of FACULTY DINNER:** ( ) **\$500**

**EXHIBIT INFO:**

Exhibitor/Sponsor Set-Up: Friday, 12-1:00 pm (before Workshop) or 3:30-5:00 p.m.

Exhibit Hours: Friday: 5:30 p.m -7:00 p.m. (during Reception); Saturday: 7:30 a.m.-4:30 p.m. (***NOT SUNDAY***)

**COMPANY INFO:**

Company Name (as you want it to appear): \_\_\_\_\_

Company Contact: \_\_\_\_\_

Booth Staff Names: \_\_\_\_\_

Do you need Electricity?: YES \_\_\_\_\_ NO, I do not need Electricity \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact Email: \_\_\_\_\_ Booth Staff Email: \_\_\_\_\_

Signature: \_\_\_\_\_

CREDIT CARD #: (**VISA • MasterCard • AM EX**) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_ / \_\_\_\_ **TOTAL PAID:** \$ \_\_\_\_\_

**FAX** to 805.772.4717 or **Email to:** [shsh@lymphseminars.com](mailto:shsh@lymphseminars.com)

Or, **Mail** all checks to:

**Lymphedema Seminars**

P.O. Box 838

Morro Bay, CA 93443-0838