Annual License Renewal Seminar

Exhibitor Registration Form
Dec 2-4, 2011

As a valued supporter of chiropractic we would like to invite you to join us for the 2011 Annual License Renewal. We attract 150-200 doctors of chiropractic from the 5-state (MN, IA, ND, SD, WI) area.

Conference Location:
Northwestern Health Sciences University
2501 W 84th St, Bloomington, MN 55431
(952) 885-5446 or (952) 887-1390

Exhibit Set-up:
Fri, Dec 2, 2011, 9 a.m. – Noon

Conference Schedule:
Fri, Dec 2, 2011: 1 p.m. – 7 p.m.
Sat, Dec 3, 2011: 9 a.m. – 6 p.m.
Sun, Dec 4, 2011: 8 a.m. – 2 p.m.

Exhibit Tear Down:
After last break on the day you are leaving – or after the seminar closes for the day.

Cost to exhibit:

- $379 – all three days (Save $98!)
- $159 – daily rate ☐ Fri ☐ Sat ☐ Sun

Enclosed: $_______

☐ $50 – each additional table ______

Included in Booth Rental:
- One 8-foot table
- Access to power (bring your cord)
- WI-FI access
- Snacks and lunch for your staff

Tablecloth:
- ☐ I will bring my own tablecloth.
- ☐ Please provide me with a tablecloth

Recommended Hotel:
Hilton Bloomington Hotel, 3900 American Blvd, Bloomington, MN 55437
(952) 893-9500 * Mention Northwestern for a discounted weekend rate.

Security:
Security will be on duty during non-exhibit hours, however it is expressly agreed that Northwestern shall not be liable for any loss of or damage to goods or property of any exhibitor, prior to, during or subsequent to the time of exhibition. Exhibitors are responsible for their own property.

Cancellation/Refusal:
We reserve the right, with or without cause, to reassign or cancel space at any time before the event; or to restrict an exhibit which in our judgment is detrimental or detracts from the general order of the exhibits.

Soliciting:
Non-exhibitors or representatives of non-exhibiting companies will not be permitted to canvass or solicit business in the exhibit area.

How to Register:
Call Jenny Bell at 952-887-1390
Use Visa, Master Card or Discover

Mail check/registration form to:
Jenny Bell, Continuing Education Dept.
Northwestern Health Sciences University
2501 W 84th St, Bloomington, MN 55431

Fax registration form with credit card information: (952) 881-3028
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Company Name: ______________________________________________________________

Product(s): __________________________________________________________________

Name of people at your booth: __________________________________________________

____________________________________________________________________________

Address: _____________________________________________________________________

City: __________________________ State: _____ Zip: __________

Office phone: ________________   Cell phone: _________________________________

Email: _____________________________________________________________________

Method of payment

Amount to charge: $__________

and checks accepted

Card Number: ________________________________ Exp Date: ______________

Address of card: __________________________________________________________________

City/State/Zip: ___________________________ 3-digit code: __________

Contact information:
Jenny Bell, Conference/Marketing Coordinator
2501 W 84th St, Bloomington, MN 55431
Phone: (952) 887-1390 * Fax: (952) 881-3028
jbell@nwhealth.edu // www.nwhealth.edu