



Supporter/Exhibitor Letter of Commitment

Date _____

Company Name _____

Company Representative _____

Title _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-mail _____

SUPPORT PACKAGE TOTAL

All support fees are payable to St James Hospital and Health Centers ❖ Federal Tax ID 36-2167869

Company Representative Signature

Dennis A. Vitrella, Conference Director

Company Representative Name (please print)

Please return this signed form immediately to **Dennis A. Vitrella, Conference Director**
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA ❖ 70503
Phone 337-235-6606 ❖ FAX 337-235-7300 ❖ dvitrella@woundcaresst.com