



Exhibitor Space Application

Complete this form promptly and mail it with your check or provide credit card info to insure your space reservation.
All space assignments will be given on a first-come, first-paid basis.

EXHIBITOR FEE Included in support level

Full payment must accompany this completed form

PAYMENT METHOD

Check in the amount of \$_____ payable to St. James Hospital and Health Centers
Federal Tax ID 36-2167869

Charge in the amount of \$_____ Visa Master Card American Express Discover

Credit Card Number _____ Exp. Date ____/____/Security Pin _____
(3 digit number on the back card)

Cardholder Name _____ Signature _____

Mail Checks and Application to
SST 2008 Administrative Headquarters ❖ 1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA 70503

Company Name _____

Name for booth sign _____

Representative(s) We will send authorized representative a link to register all reps online. Extra reps \$250 each

Printed Name of Authorized Person _____

Title _____

Authorized Signature _____

Street Address _____

City _____ State _____ Zip _____

Office Phone ____-____-____ Fax ____-____-____

E-Mail _____

Product or Service to be displayed _____

Description of Product _____

All representatives MUST be registered with the conference.

The Meeting House Companies
will forward an exhibitor packet upon receipt of your application and payment.

For further information contact Conference Director, Dennis Vitrella
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA 70503
Phone 337-235-6606 ❖ Fax 337-235-7300 ❖ DVitrella@WoundCareSST.com