



43rd Annual Meeting

Quality Through Best Practices

Omni Los Angeles Hotel at California Plaza, Los Angeles, CA

April 28-29, 2017

EXHIBITOR RESERVATION FORM

Exhibit Fee: \$1500

To reserve exhibit space at our upcoming meeting please complete the form below and fax to our toll free number (855) 793-2226 or email bhulz@caltcm.org.

Company Name: _____
As it should be listed in the program syllabus and acknowledgments page.

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Please check here if you will require electricity for your display. (Extra \$50 fee)

Contact information of person(s) responsible for exhibit at conference:

Exhibitor #1

Name: _____ Title: _____

Telephone: _____ E-mail: _____

Exhibitor #2

Name: _____ Title: _____

Telephone: _____ E-mail: _____

*Please make checks payable to: **California Association of Long Term Care Medicine***

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*Mail completed reservation form with payment to: **CALTCM***

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