



45th Annual Meeting
CALTCM Summit for Excellence
Leading the Future of Post-Acute and Long-Term Care
Omni Los Angeles Hotel at California Plaza, Los Angeles, CA
April 4-6, 2019

EXHIBITOR RESERVATION FORM

Exhibit Fee: \$1,500

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 require electricity for your display. (Extra \$100 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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Website: www.CALTCM.org Email: info@caltcm.org