



46th Annual Meeting
CALTCM Summit for Excellence
Pacific Palms Resort, City of Industry, CA
October 8-10, 2020

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.

Exhibitor Information

As it should be listed in the program signage, syllabus, and acknowledgments page.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

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

Please write clearly and include additional exhibitor names on a separate page.

Exhibitor #1

Name: _____ Title: _____

Telephone: _____ E-mail: _____

Exhibitor #2

Name: _____ Title: _____

Telephone: _____ E-mail: _____

Check here if you require electricity for your display. (Extra \$100 fee)

Submission Instructions: Please complete this form and return it with payment to:
CALTCM PO Box 800371, Santa Clarita, CA 91380. Make check payable to: California
Association of Long Term Care Medicine; Tax ID # 94-2552489.

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