



**Wyoming Society For Respiratory Care
 2012 CONFERENCE
 VENDOR REGISTRATION
 September 26 -28
 Hilton Garden Inn, Laramie, WY.**

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Cell Phone: _____ E-mail _____

You are entitled to two exhibitors per booth (table). Please list exhibitor's names.

1. _____ 2. _____

***Extra exhibitors may join you at \$75.00 per two people. Please list names.

1. _____ 2. _____

PAYMENT SUMMARY:

A booth is a 6 foot table. Assignments of booths will be made only upon receipt of your payment.
 Conference is being held at the Casper Parkway Plaza
 Set-up may begin at 1:00 pm on Wednesday, September 28
 Last Vendor break is scheduled for Friday at 10:00 am
 Vendor fees are waived with sponsorship of a speaker.

Vendor Fee.....	\$350.00
Extra Company Representatives (\$75.00 per add'l 2 people).....	_____
Sponsor a Break (\$200 each).....	_____
Contribute a Door Prize (\$25.00 each).....	_____
TOTAL	_____

_____ Please mark if electrical outlets are needed.

Extension cords and power strips are NOT provided.

Assignment of tables is done upon RECEIPT of your payment. Please send payment to:

Mary Peterson
 WSRC Treasurer
 627 Creighton St
 Cheyenne Wy 82009
 E-Mail: bigftct@yahoo.com Phone: 307-756-2269
 WSRC TAX ID NUMBER: 952501102