



**4<sup>th</sup> Annual GU Oncology Symposium**  
**January 15-17, 2009**

Company Name *(as to appear on printed material)*

Contact Person *(Individual to whom all exhibitor information will be forwarded.)*

Title

Address

City

State

Zip

Telephone

Fax

E-mail

Electrical Needs

Special Requests/Considerations

**Would you be willing to distribute brochures for the conference?:**  Yes, Qty \_\_\_\_\_  No

Contact Person *(Individual to whom brochures will be forwarded)*

Address

City

State

Zip

**Name of company representatives (limit 2)** *Representatives wishing to participate in more than the exhibit program should register separately using the seminar registration form in the brochure.*

Company Rep Name	Title	Address	Phone

Will you be shipping material to the Westin Tampa Harbour Island?

No  Yes: Number of boxes \_\_\_\_\_ Please follow **shipping instructions** on the exhibit prospectus

If you are unable to attend in person, we will display material for you at your table.

Will you ship material for us to display in your absence?  No  Yes: Number of boxes \_\_\_\_\_

**Exhibit Space Rental**  **Tabletop Display \$1,000**

**Method of Payment:**  **Check** *(make check out to USF HPCC)*  **Credit Card:**  Visa  MC  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Payment and Contract for Exhibit Space to:**

University of South Florida HPCC • Pam LeClair • 12901 Bruce B. Downs Boulevard, MDC 46 • Tampa, FL 33612  
 Phone 813-974-6237 • Fax 813-974-3217 • Email [pleclair@health.usf.edu](mailto:pleclair@health.usf.edu) Tax ID# 16-1765073