

2010 Hughston Foundation Conference Vendor Registration Form
SIMPLE SOLUTIONS TO COMMON PROBLEMS
IN WORK-RELATED INJURIES

Please complete and return this registration form to the following by March 19, 2010:

Bill Etchison, Director of Hughston Health
Hughston Clinic, PC • PO Box 9517 • Columbus, GA 31908
Phone: 706-494-3332 Fax: **706-494-3132**
Email: **betchison@hughston.com.**

Company Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

LEVELS OF PARTICIPATION: (please check one)

Note: Any level includes lunch

- | | | |
|---|---|-----------|
| <input type="checkbox"/> EXHIBITOR | • Booth set up in the hotel lobby | \$250.00 |
| <input type="checkbox"/> CONTRIBUTOR | • Booth set up in the hotel lobby
• Company name will be included on marketing and event materials as a contributor. | \$500.00 |
| <input type="checkbox"/> SPONSOR | • Booth set up in the hotel lobby
• Company logo will be included on marketing and event materials as a sponsor for the surgery and lab presentations. <i>(A high resolution logo will be requested)</i>
• Sponsorship name tag(s) for your representatives <i>(Names will be requested at a later date)</i>
• Mailing list of attendees
• 1 Complimentary registration for someone to attend <i>(Name will be requested at a later date)</i> | \$1000.00 |

Please list any special equipment or electrical needs for your booth: _____

PAYMENT: Please make your check payable to the Hughston Foundation, Inc. As a 501(c)3 organization, 100% of your contribution is tax deductible as allowed by law and an acknowledgment will be sent to you for tax purposes.

Mail your payment by **March 30, 2010** to: The Hughston Foundation, Inc.
c/o Felisha Roberts
PO Box 9517
Columbus, GA 31908