



Exhibitor Application

Complete and fax to 704.333.5020

Information			
Company:		Date:	
Name:			
Phone Number:	()	Fax Number:	()
Address:			
City/State/Zip:			
Email:			
Seminar Details		<i>Please register to exhibit at least 2 weeks prior to seminar.</i>	
Seminar Title:			
Location:			
Date (s) Attending:			
<p>_____ I agree to pay a \$300.00 exhibitor fee per day. Med-Ed will provide one 6 foot skirted table and one folding chair. Additional equipment will be billed accordingly.</p>			
Additional Equipment			