



**MSRC District 1
23rd Annual Pulmonary Conference**

September 10, 2010

BOOTH RESERVATION CONTRACT

PLEASE PRINT OR TYPE:

Company Name as it should appear in program: _____

Company Address: _____

Telephone Number: (____) _____ Fax: (____) _____

Contact Person: _____ E-Mail: _____

Representatives staffing exhibit: Please indicate credentials (if applicable):

Products to be displayed: _____ **Number of Electrical Outlets Needed** _____

This application when signed becomes a firm contract between the two parties. Registration fees minus a \$20.00 handling fee will be refunded for cancellations before August 31, 2010. We agree to abide by all conditions under which exhibit space at Sanford Brown College, Fenton Campus is leased to the Missouri Society for Respiratory Care District 1, and we agree to abide by the "GUIDELINES FOR EXHIBITORS" which are a legal section of the contract.

Missouri Society for Respiratory Care (MSRC) Registration Policy: The registrant (participant or vendor) will NOT be permitted to participate in the program until all registration fees are paid in full. Any returned check will be assessed a collection fee of \$30.00 and the participant must submit payment and fees by cashier check or money order within 30 days of notification of returned check to avoid further legal action. CRCE awards will be withheld until all payments are reconciled. Violation of this agreement will result in the registrant and/or vendor being prohibited from participation in all MSRC sponsored activities.

Submitted by: _____
Signature Printed Name

Title: _____ Date: _____

Please make checks payable to: **MISSOURI SOCIETY FOR RESPIRATORY CARE**

Mail completed application to: MSRC District 1
c/o Sandra Uhlemeyer
53 Rue De Paix
Lake St. Louis, MO 63367

MSRC Tax ID# 23-7132420