Exhibitor Registration

Your registration fee includes: * An 8 x 10 foot booth space *A skirted display table.

Registration may be completed on line at https://www.zippyreg.com/online_reg/index.php?e=1097 or by mail to Safe Patient Handling Conference c/o AREEP PO Box 38195 Albany, NY 12203

You will be able to pay by check or money order, or credit card (online only). Make checks payable to AREEP.

Set up will be on Monday, October 29th. Exhibit hours and setup times will be sent one month prior to the conference.

Registration dates are firm. Registration fees are nonrefundable. No exceptions will be made:
* Booth $1250.00 (up until August 31st, 2018)
* Booth $1500.00 (after August 31st, 2018)

If you need electric please check _________. There is a fee and you will be sent forms to complete.

If registering by mail please complete and mail to Safe Patient Handling Conference c/o AREEP PO Box 38195 Albany, NY 12203.

Company Name: _______________________________________________________
Exhibitor Contact Person: ___________________________________________________
Email Address of Contact Person: _____________________________________________
Phone Number: (______) ________ - ______________
Name of Representative(s) attending (Limit 2 persons per booth):
________________________________________________________________
________________________________________________________________
Additional Staff are $225.00 each. Please include their names:
________________________________________________________________
________________________________________________________________

For more information contact Maureen Cox: Call (518) 281-6575, or Email maureencox12@gmail.com or Barbara Stanley call (716) 725-9858 or Email brbrstanley0903@gmail.com