



NEW ENGLAND REGION
WOUND, OSTOMY & CONTINENCE NURSES SOCIETY
An Association of ET Nurses

Exhibit Space Contract Fall Conference Oct. 7th and 8th

2010 Exhibit Fee of \$450.00 –includes:

(Sponsorship of speakers does not exclude payment for vendor display costs)

- One 6' table OR 6 x 6' (36 square feet) Space
- One buffet dinner on Thursday evening and a Friday luncheon for ONE VENDOR.
Additional tickets for the buffet/luncheon are available at a cost of \$35.00 per person payable in advance with your registration fee.

_____ Tables/ Spaces @ \$450.00 each \$ _____
_____ Additional luncheon tickets @ \$35.00 each \$ _____
TOTAL PAID \$ _____

**Electricity is a separate fee secured through the Hotel
Please contact the Hotel for payment and confirmation**

DO YOU REQUIRE ELECTRICITY? Yes No

Company Name: _____

Exhibit Contact Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____ Email: _____

Indicate products to be displayed: Wound Ostomy Continence Other

Mail Contracts/Payments: Gudrun Eriksson 5 Lanark Rd. Wellesley, Ma. 02481.

*****Please Make Checks Payable to “[New England Region WOCN](#)”**

All fees must be paid in full by September 30, 2010.

Late Fee \$100

Vendor Signature

Date