



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

Exhibit Space Contract

2008 Exhibit Fee of \$450.00 –includes:
One 8' table OR 8 x 8' (64 square feet) Space and attendee list

DO YOU REQUIRE A TABLE? Yes No

Electricity is available for an ADDITIONAL fee

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

**Exhibit Fee includes a 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 \$ _____

**Mail the completed form with payment to: Melissa Rossetta; 29 Locust Street #4,
Danvers, MA 01923**

*****Please Make Checks Payable to "New England Region WOCN"**

Confirmation of your exhibit space assignment will be sent upon receipt of Full Payment.

All fees must be paid in full by **October 3, 2008 _____ to guarantee
your space. If paying on same day you will be charged \$100 late fee.**

Vendor Signature

Date