



19-21 JULY 2012

JW MARRIOTT WASHINGTON, DC

## SUPPORTER/EXHIBITOR SPACE APPLICATION

Complete this form promptly and mail it with your check to ensure your space reservation.

All space assignments will be given on a first-come, first-served basis.

Exhibitor Fee Included in Support Level • Full Payment must accompany this completed form

### PAYMENT METHOD

Check in the amount of \$ \_\_\_\_\_ payable to Georgetown University Hospital, Federal Tax ID 52-2218584

Charge in the amount of \$ \_\_\_\_\_  Visa  Master Card  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Pin# \_\_\_\_\_ (3 or 4 digit number on back of card)

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

### MAIL CHECKS AND APPLICATION TO:

**BC<sup>3</sup> Administrative Headquarters ♦ 1018 Harding Street ♦ Suite 207 ♦ Lafayette, LA 70503**

Company Name: \_\_\_\_\_

NAME FOR BOOTH SIGN: \_\_\_\_\_

Representative(s): \_\_\_\_\_ We will send authorized representative a link to register all reps online.

Printed Name of Authorized Person: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Product or Service to be displayed (attach description of product): \_\_\_\_\_

We prefer NOT to be next to or across the aisle from: \_\_\_\_\_

All representatives MUST be registered with the conference.

**FREEMAN DECORATING COMPANY** will forward an exhibitor packet upon receipt of your application and payment.

For further information, contact  
Brandy D'Heilly, Exhibit Coordinator

**BC<sup>3</sup> ADMINISTRATIVE HEADQUARTERS**

1018 Harding Street ♦ Suite 207 ♦ Lafayette, LA 70503

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