



# APWCA2010

## 9th Annual National Clinical Conference, Wound Care and the Related Sciences

April 8 – 11, 2010 ★ Philadelphia Sheraton City Center Hotel

### EXHIBITOR REGISTRATION FORM

#### EXHIBITOR OPPORTUNITIES:

*APWCA is a non-profit 501-C6 organization*

	SINGLE Table (before 1/15/2010)	\$1,100.00	\$	2 Reps included
	SINGLE Table (after 1/15/2010)	\$1,200.00	\$	2 Reps included
	DOUBLE Table (before 1/15/2010)	\$2,000.00	\$	3 Reps included
	DOUBLE Table (after 1/15/2010)	\$2,200.00	\$	3 Reps included
	Additional Rep(s) \$90.00/rep	\$ 90.00	\$	Total # Reps _____
	<b>TOTAL AMOUNT:</b>		\$ _____	

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**CARDHOLDER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** American Professional Wound Care Association  
853 Second Street Pike, Suite A-1  
Richboro, PA 18954

Email: TCollins@apwca.org  
Fax: (215) 364-1146  
Phone: (215) 364-4100

**Refund Policy for Exhibitors/Cancellations must be made in writing:**

- Postmarked by February 1, 2010 will receive a refund less a \$100.00 administrative fee.
- Postmarked by March 1, 2010 to receive a 50% refund.
- No Refunds** will be given after March 1, 2010. No refunds for "No-Shows"