



Louisiana Association of Occupational Health Nurses

Serving the Industrial Health and Wellness Needs of Louisiana

Louisiana Association of Occupational Health Nurses 2018 Annual State Conference

July 25 – 27, 2018

Hotel Bentley
200 DeSoto Street
Alexandria, LA 71301

Exhibitor or Sponsor Registration Form

Date: _____
Company Name: _____
Contact Person: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Vendor Names: (For name tag purposes) _____

EXHIBIT SPACE PAYMENT:

- ☐ \$175 if received **before** June 30.
- ☐ \$200 if received **after** June 30.
- ☐ Non-profit Organization (Fee Waiver) Example: American Heart Association.

Space is limited. Requests will be on a first come basis. Booths will be assigned as we receive payment and registration form. Exhibitors are provided a 6' table. Other benefits include dedicated time with attendees at the opening reception on the evening of the 25th, breakfast, lunch, and breaks for attendees in the exhibit room. A complimentary list of meeting attendees will be provided for a one time use.

SPONSORSHIP LEVELS:

- ☐ Bronze Level \$200
- ☐ Silver Level \$300
- ☐ Gold Level \$500
- ☐ Unable to sponsor at this time but would like to donate \$_____.
- ☐ Unable to sponsor but would like to donate items for conference participants.
- ☐ Interested in sponsoring a monthly meeting for our local chapter in 2018-2019.
- ☐ Check here if you need an electrical outlet or any special equipment.

EXHIBITOR SET-UP INFORMATION:

Wednesday, July 25th at 4 pm. Vendor Reception Wednesday, July 25th at 5:30 pm. Exhibit breakdown is scheduled for 5 pm on Thursday, July 26th at 4:00 pm.

MAIL YOUR REGISTRATION FEE AND FORM:

Melissa Landry, RoyOMartin, P.O. Box 1177, Oakdale, LA 71463. Phone 318-427-6838. Email: melissa.landry@royomartin.com

For office use only: # _____

Ck#: _____

Entry waived for non-profit?

Name of non-profit organization: _____

Date rec'd: _____

Amount: \$ _____

Yes _____ No: _____