

Mission: To find a cure for psoriasis and psoriatic arthritis and to eliminate their devastating effects through research, advocacy and education.



Exhibitor Application Form—2009 National Conference

Please complete and fax to: 503.245.0626 / Attn: Eve-Maridy Rice (erice@psoriasis.org)

Company	Address
Contact name	City
Title	State & ZIP
Department	Fax
Phone	E-mail

Company representatives attending the event

(Two for single booths; four for double booths; if more than four, please provide names via e-mail to erice@psoriasis.org)

Name	Phone	E-mail
Name	Phone	E-mail
Name	Phone	E-mail
Name	Phone	E-mail

Please complete (check applicable)

<input type="checkbox"/> Sample bag option (\$350) yes no	<input type="checkbox"/> Single booth (\$1,000)	<input type="checkbox"/> Double booth (\$1,500)
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Exhibitor Authorization

The exhibitor understands that participation is limited to those companies whose products and/or services are of specific interest to those attending the exhibit, as determined by the sponsor in its sole discretion. The exhibitor hereby agrees to abide by all rules and regulations of the exposition and acknowledges receipt of the Exhibit Rules and Regulations.

The Hyatt Regency San Antonio holds harmless security waiver (please read and sign)

_____, hereafter referred to as Exhibitor, assumes entire responsibility and hereby agrees to protect, indemnify, defend and save the **HYATT REGENCY SAN ANTONIO**, and the affiliates and subsidiaries of each, the officers, directors, agents, and partners of each ("Indemnified Parties") harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

Signature _____ Print name _____ Date _____

*See next page for electrical and Internet fees



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Payment Options

_____ Pay by credit card (Visa, MasterCard, AMEX & Discover)

_____ Check enclosed (Mail to: National Psoriasis Foundation, Attn: Eve-Maridy Rice,
6600 SW 92nd Ave., Suite 300, Portland, OR 97223)

Exhibit fees in the amount of \$_____ are to be charged to the following credit card:

Name as it appears on the card _____

Credit card # _____ Exp. date _____

Signature _____

Electrical and Internet service

Please complete if you require electrical and/or Internet service at your booth.

Fax to: 503.245.0626 / Attn: Eve-Maridy Rice

Name of company _____

Contact name _____

Phone _____

Electrical and Internet services

Exposition company will provide detailed information and prices in a packet that will be sent to you four to six weeks prior to the event.