

2009 Western Regional FSHP Conference
September 17-19, 2009
Coeur d'Alene, ID

Exhibitor Registration

Name: _____

Title: _____

Affiliation: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Email: _____

<u>Registration Fees:</u>	<u>Member</u>	<u>Non Member</u>
Exhibitor Fee (Includes 2 representatives) *	\$1000	\$1000
Additional Representatives	\$500	\$500
Additional Guests for Lake Cruise & Dinner	\$75	\$75
	Total	_____

Please make sure to send in a second registration form so we can add the second attendee's contact information to our program booklet.

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Card Number: _____

Expiration Date: _____ / _____

Please circle type of card:

Card ID Number: _____ Visa MasterCard Discover American Express

(Visa, MasterCard – last three digits on back of card; Discover – on back of card; American Express – on front of card)

Payment Amount: _____

Authorized Signature: _____ **Date:** _____

Checks should be made payable to: Southworth Associates

Please return your completed registration form and payment to Southworth Associates
5530 W Emerald St. Boise, ID 83706 or fax to 208.323.9222 by **August 31, 2009.**

Cancellation Policy

All cancellations must be received in writing prior to Sept. 15, 2009. Any cancellations after August 10, 2009 will have a \$50.00 cancellation fee.