



14 - 16 October, 2010 ❖ JW Marriott
Pennsylvania Avenue ❖ Washington, DC

**Supporter/Exhibitor
Space Application**

Complete this form promptly and mail it with your check to insure your space reservation.
All space assignments will be given on a first-come, first-serve 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 PAYMENT AND APPLICATION TO
DLS 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 _____

Title _____

Authorized Signature _____

Street Address _____

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

Office Phone _____ - _____ - _____ **Fax** _____ - _____ - _____

E-Mail _____

Product or Service to be displayed _____

Description of Product _____

(OR ATTACH TYPED DESCRIPTION OF 35 WORDS OR LESS)

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:
Conference Director, Dennis Vitrella ❖ dennis@dlsconference.com
or Exhibit Coordinator, Brandy Raggette ❖ brandy@dlsconference.com
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA 70503 ❖ Phone 337-235-6606 ❖ Fax 337-235-7300