

**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 (Attach Description of Product)** \_\_\_\_\_

**We prefer NOT to be next to or across the aisle from:**  
\_\_\_\_\_

**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 ❖ dvitrella@dlsconference.com  
or Account Executive, Brandy D’Heilly ❖ brandy@dlsconference.com  
1018 Harding Street ❖ Suite 207 ❖ Lafayette, LA 70503 ❖ Phone 337-235-6606 ❖ Fax 337-235-7300