

Pennsylvania Chapter of the American College of Cardiology  
2009 Scientific Meeting, October 2 – 4  
Skytop Lodge, Skytop, Pennsylvania

**EXHIBIT REGISTRATION FORM**

*Please complete this form by September 18, 2009 in order to guarantee your participation.*

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Badge Names: *(2 representatives per company – additional reps will be \$150 each)*

\_\_\_\_\_

\_\_\_\_\_

Additional Representatives # \_\_\_\_\_ \$150 each

**EXHIBIT OPPORTUNITIES**

\$2,000 per Exhibit table

**ELECTRICAL REQUIREMENTS**

- We do not require electricity.  
 We require an electrical outlet.

**PAYMENT INFORMATION**

Company Check                       Check enclosed                       Check forth coming

Visa

MasterCard

#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Amount Enclosed:

\$ \_\_\_\_\_

**Pennsylvania Chapter of the American College of Cardiology  
2009 Scientific Meeting, October 2 – 4  
Skytop Lodge, Skytop, Pennsylvania**

**EXHIBITOR INFORMATION**

Continental breakfasts and breaks  
will be held in the Exhibit area.

**Conference Location**

Skytop Lodge  
One Skytop Road  
Skytop, PA. 18357  
570-595-7401  
Fax 570-595-7285  
[www.skytop.com](http://www.skytop.com)

**Dates and Hours of Exhibits**

Friday, 10/2/09 – 7:30pm – 8:30pm - Welcome Reception with Exhibitors  
Saturday, 10/3/09 – 7:00am – 4:00pm

**Exhibit Set-Up/Dismantle Times**

Set-up:       Friday, 10/2/09     5:30pm – 7:30pm  
                  Saturday 10/3/09   6:00am – 7:00am  
Dismantle:   Saturday 10/3/09   4:00pm

**Space Description**

6' table with drape  
2 chairs

**Hotel Arrangements**

Room blocks have be set aside for the PaACC at Skytop Lodge.  
Room reservations should be made directly with the hotel by **August 28, 2009** by calling their number listed. Callers must identify themselves as a Pennsylvania Chapter of the American College of Cardiology Exhibitor to secure the conference rates.

Discount room rates will be available on a first-come, first-served basis.

**Tax ID # 25-1616833**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount of the Educational Grant

***Please return this form, with check payable to the  
Pennsylvania Chapter of the American College of Cardiology,  
To Jill Senior, Meeting Manager, Pennsylvania Chapter of the American College of Cardiology  
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820  
Phone: (717) 558-7750 ext: 1595 Fax: (717) 558-7841***

Office Use Only: Date contract received \_\_\_\_\_ Amount pd/due \_\_\_\_\_ Check # \_\_\_\_\_