



# 2017 AIR COURSE EXHIBITOR REGISTRATION FORM

### Sponsorship Opportunities

<b>Breakfast Sponsor</b> Sign Recognition at Breakfast	<b>\$300</b>	<b>Exhibitor Booth</b> Includes table, chairs, meal for 1 person	<b>\$250</b>
<b>Lunch Sponsor</b> Sign Recognition at Lunch	<b>\$500</b>	<b>Additional Reps</b>	<b>\$35/each</b>

### Exhibit Times and Place

Holiday Inn Express Hotel, 2209 University Park Drive, Okemos, MI 48864 (517) 349-8700

Set up: Thursday and Friday, March 9-10, 2017 - 7:30am

Tear down: Thursday and Friday, March 9-10, 2017 - 5:00pm

### Badges

Please list the name(s) of representatives needing badges:

Exhibitor assumes responsibility and agrees to indemnify and defend the Michigan Society for Respiratory Care (MSRC), Holiday Inn Express or the Okemos Convention Center their respective employees and agents against any claims or expenses arising out of the use of exhibition premises. The exhibitor understands that neither the MSRC nor the Holiday Inn Express nor the Okemos Convention Center maintain insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain such insurance.

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

Please return completed form with full payment to: MSRC, 124 West Allegan, Suite 1900, Lansing, MI 48933 p. 517.484.8800 f. 517.484-4442

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Information Total Enclosed: \$ \_\_\_\_\_

Check Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Visa/Mastercard Signature: \_\_\_\_\_

**RETURN FORM AND PAYMENT BY FEBRUARY 15**

**MSRC TAX ID # 23-7076783**

*Cancellations received prior to March 1<sup>st</sup> will receive full refund; after March 1<sup>st</sup> a \$100 fee will be assessed.*