



HAWAII VETERINARY MEDICAL ASSOCIATION
P.O. BOX 61309, HONOLULU, HAWAII 96839-1309

EXHIBITOR REGISTRATION FORM
57th ANNUAL CONFERENCE
Hawaii Veterinary Medical Association
November 12 - 14, 2010

YES, we will be exhibiting at the meeting and request the following:

| | | Amount Enclosed |
|-----------------------|-----------|-----------------|
| 1 - 6' x 2 1/2' table | \$ 750.00 | _____ |
| 2 - tables | 850.00 | _____ |
| 3 - tables | 950.00 | _____ |
| 4 - tables | 1050.00 | _____ |

NOTE: Above fees include attendance at cocktail hour on Saturday, November 13th. This event represents an opportune time to meet registrants (DVM's and staff).

Lunches: The lunch breaks are also a period of exhibitor activity. Exhibitors may prefer to have lunch at an alternate time and be available to registrants during lunch hour. Registration fees do not include any meals. If exhibitors request lunch, please indicate below.

| | |
|---------------------------------|-------|
| Friday, November 12 @ \$30.00 | _____ |
| Saturday, November 13 @ \$30.00 | _____ |
| Sunday, November 14 @ \$30.00 | _____ |
| Total Enclosed | _____ |

Please make checks payable to and send with registration form to:
HVMA, P.O. Box 61309, Honolulu, Hawaii 96839-1309.

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE & FAX NO: _____

NAMES OF EXHIBITORS, COMPANY REPRESENTATIVES:

EMAIL ADDRESS _____

DEADLINE: OCTOBER 01, 2010 Send now!