

“Nuts and Bolts of Hospital Joint Venture with ASC”
October 19th-20th, 2007 – Austin Convention Center

Exhibitor Registration Form

Company Name: _____

Company Representative: _____

Email address: _____ Website: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Exhibiting

_____ Exhibit space at the Austin Convention Center \$475.00
10 x 10 – Booth with 8’ High back drape and 3’ high side drape in show colors.

Payment Information

_____ Check enclosed for the amount of \$_____ (Please make check payable to Earnhart Training & Seminar Group)

(Deadline to register is March 31, 2007)

Please mail or fax your application to:

Earnhart Training & Seminar Group
1000 Westbank Drive, Suite 5B
Austin, Texas 78746
512.320.8581 Fax

For questions, please contact Vonda Earnhart or Lisa Bara at 512.329.9902 or visit our website at www.earnhartseminars.com.

Signature _____ Date _____

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract, which includes the rules and regulations above. Exhibitor status is not final until payment is received. All fees are non-refundable.