



The Greater Texas Rehab Providers Council's Annual Summer Conference

August 7-9, 2008

Omni Colonnade Hotel in San Antonio

We would like to invite your company to participate as an exhibitor/sponsor for this event!

Exhibitor information:

All exhibits will be set-up in the spacious La Joya Ballroom, located directly across from the meeting rooms, making them available throughout the duration of the conference. All food and beverages offered will be centrally placed in the exhibit area allowing attendees and exhibitors ample exposure. Exhibitors are welcome to attend all TXRPC meetings.

Option A - \$500.00

This option includes one 9.5'W x 12.5'D display area, one 6' table, two conference registrations, two reception tickets, and lunch for two on Thursday. Additional attendees will be \$95.00 each.

Option B - \$350.00

This option includes one 6' table, two conference registrations, two reception tickets, and lunch for two on Thursday. Additional attendees will be \$95.00 each.

Sponsorship Opportunities:



AM coffee and water - \$500



Session breaks - \$750

Thursday lunch - \$1500/two sponsors needed

Thursday reception - \$1750



**Event
Sponsors**

Presenter gifts, baskets, plaques - \$350

For more information, please email kristy.jackson@travismedical.com

Exhibitor / Sponsor Application

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Name of Attendees: 1) _____ 2) _____

Additional Attendees: 3) _____ 4) _____
@ \$95.00 each

Exhibit Opportunities:

- Exhibit Option A
- Exhibit Option B

Sponsorship Opportunities:

- AM coffee and water - \$500.00 (Armadillo)
- Session breaks - \$750 (Lone Star)
- Thursday lunch - \$1,500 (Lone Star)
- Thursday reception - \$1,750 (Lone Star)
- Presenter gifts, baskets, plaques - \$350 (Event)

**Sponsors – please email your company logo to kristy.jackson@travismedical.com

Total Amount Enclosed: \$ _____

Make payments out to: TXRPC

Return this form either via mail to: TXRPC

Tom Hafford, Treasurer
604 N Nolan River Road
Cleburne, TX 76033

or to Tom Hafford via fax: 817-556-2063

Credit Card# _____

Name on Card: _____

Security code: _____ Exp. Date: _____