

**TXRPC Annual Conference August 4-6, 2010**  
**EXHIBITOR APPLICATION**

Booth Options — Select one

**OPTION A.**

(1) 10'x 20' Exhibit Space

..... \$1,000.00

**OPTION B.**

(1) 8'x 8' Exhibit Space

..... \$500.00

**OPTION C.**

(1) Table Top

..... \$350.00

**Additional Conference Attendees**

(more than the 2 that are included with above Options)

\_\_\_ Qty ..... \$95.00 each

\* Booth space is limited!!! Please send in your registration or sign up online early to ensure you will be able to participate in our most exciting conference yet!

***Sign up online at [www.txrpc.org](http://www.txrpc.org)***  
***or***  
***Fax applications to 210-579-1551 Attn: Alexis***  
 Mail Checks to  
 TXRPC Attn: Treasurer  
 604 N Nolan River Rd  
 Cleburne, TX 76033  
***For questions or requests, please contact Alexis by email at [award@rehabspecialties.com](mailto:award@rehabspecialties.com) or by phone at 210-696-1084***  
*Also enclosed is our sponsorship information for this year's meeting.*

\* Booth space includes:  
 One 6' Table  
 Two Chairs  
 Complimentary attendance for two people to the conference  
***Exposure to Texas Medicaid staff!***

The following items are an additional charge:  
 Access to electricity  
 Conference attendance for additional exhibitor reps

Contact Name: _____ Company Name: _____ Billing Address: _____ City/ State/ Zip: _____ Phone: _____ Fax: _____ Email: _____  Name of Attendee: _____ Name of Attendee: _____	<p align="center"><b>*Total Amount Enclosed: \$</b> _____</p> Payment Type: Check#: _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Credit Card#: _____ Exp. Date: _____ Name on Card: _____ Signature: _____  Name of Additional Attendee: _____ Name of Additional Attendee: _____ Name of Additional Attendee: _____
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