



New York State MR/DD Nurses Association, Inc.

Nurses Serving Mentally Retarded - Developmentally Disabled

Exhibitor Registration Form

24th Annual Conference/Trade Show
October 6, 2008 Albany Marriott, Albany NY

Company name _____

Representative(s) attending conference:

Name _____

Title _____

Address _____

Telephone _____ Fax _____

Email of rep. attending conference _____

Description of product or service as you want it to appear in conference materials _____

Please read the Exhibitor Policies

We are interested in sponsorship opportunities. Please contact us to discuss further.

Exhibit requirements:

- Display table - Exhibitor fee \$350
- Double size space with two tables – Exhibitor fee \$500

Fees due with registration form. Make check payable to NYS MR/DD Nurses Association.

Mail to the Conference Planner:

R&R Health Care Education Consultants - PO Box 32 – Hannawa Falls, NY 13647.

Registrations received by May 15, 2008 will be featured in conference brochure.

Registration received by August 15, 2008 will be listed in conference book.

For NYS MR/DD Nurses Association Office Use:

Registration received _____ Check # _____ received _____

Check forwarded to Treasurer _____

Space # assigned _____ Follow Up _____
