

Southeastern Allergy, Asthma and Immunology Society
Annual Meeting EXHIBITOR Form
September 16th – 17th, 2011
Point Clear Resort & Spa, Point Clear, AL

When: September 16th – 17th, 2011

Where: Point Clear Resort & Spa[®]
One Grand Boulevard
Point Clear, AL 36564
Phone: (800) 544-9933

Company: _____

Representative(s): _____

I will be exhibiting on Thursday, September 15th, 2010. YES NO
Thursday exhibit time will occur during meeting registration time TBA.

I will be exhibiting on Friday, September 16th, 2010. YES NO

I will be exhibiting on Saturday, September 17th, 2010. YES NO

Exhibit equipment/supplies/materials will be shipped to Point Clear[®]
on _____ (Date). Method of shipment: _____

Special Exhibit Needs: _____

Room Rate \$189/night

Exhibit Fee: \$2,500.00

Exhibit fee must be paid 14 days in advance of the meeting via company check. Fees are non-refundable. Please make check payable to Southeastern Allergy, Asthma & Immunology Society (Tax ID 54-1929722).

Mail check to Dr. Lee S. Clore, Jr., MD, Executive Secretary-Treasurer, SEAAI, 3604 Wathens Crossing, Owensboro, KY 42301. Telephone is (270) 684-6144.