



Exhibitor Information

On behalf of the Parkinson's Association of San Diego, it is **our pleasure** to extend an invitation to your company to exhibit at our first ever “**Empowerment for Parkinson's Day**”. We expect close to **300** patients and caregivers to join us for a full day of education and fun, presented by top physicians and local resource groups.

This event will take place **Friday, December 1st, 2017** at the **Marina Village Conference Center** near Mission Bay. The exhibit fee is \$1500, which entitles you to a table, 2 chairs and involvement with all attendees, including patients, caretakers, physicians and other interested individuals.

EXHIBITOR AGREEMENT

Activity Title:	Empowerment for Parkinson's Day
Date(s):	Friday, December 1, 2017
Location:	Marina Village Conference Center 1936 Quivira Way, San Diego, CA 92109
Exhibit Fee:	\$1500

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Email:	Phone:	Fax:

Exhibitors will receive the following:

- a) One (1) six-foot long table
- b) Two (2) chairs

Representative Name(s):

Name:	Ph:	Email:
Name:	Ph:	Email:

Exhibitor set up is scheduled from 7:30–8:30 A.M. Exhibit hours are scheduled from 8:00 AM – 4:00 P.M.

Please check applicable boxes below:

- Our check payment is enclosed/credit card number appears below. **Receipt needed?** Yes / No (Please Circle)

Our check is being forwarded on _____

Please circle: ** Visa / Mastercard / Discover / American Express **

_____ / ____ / ____ # _____
(Credit Card Number) (Exp. Date) (Security Pin #)

AGREED BY AUTHORIZED REPRESENTATIVES

Exhibitor

Signature: _____ Date: _____

Print Name: _____

Title: _____

Please make checks payable to the Parkinson's Association

Tax ID: 33-0355142

Payment and completed agreement can be mailed or emailed to:

Chris Buscher
Executive Director
Parkinson's Association of San Diego
P.O. Box #1633
Solana Beach, CA 92075

Phone: 858 412 6787
Email: info@parkinsonsassociation.org