

Confirmation and Payment Sheet
Safe Patient Handling and Mobility/Falls Conference
Tampa VA Research and Education Foundation, Inc.

Renaissance Glendale Arizona April 10-14, 2017 (Exhibits April 10-13)

SPACE IS LIMITED, PLEASE REPLY IMMEDIATELY TO RESERVE YOUR SPACE

Valerie Kelleher, VISN 8 Patient Safety Center of Inquiry, Grand Oak Plaza

8900 Grand Oak Circle, Tampa, FL 33637-1022 (151R)

Phone: 813-558-3948; Fax: 813-631-3397; Email: Valerie.Kelleher@va.gov

Company Name	<input style="width: 800px; height: 25px;" type="text"/>
Street Address	<input style="width: 800px; height: 25px;" type="text"/>
City, State, Zip	<input style="width: 800px; height: 25px;" type="text"/>
Phone/Fax	<input style="width: 800px; height: 25px;" type="text"/>
Web Address	<input style="width: 800px; height: 25px;" type="text"/>
Contact Person	<input style="width: 800px; height: 25px;" type="text"/>
Email Address	<input style="width: 800px; height: 25px;" type="text"/>
Products	<input style="width: 800px; height: 25px;" type="text"/>

Number of Booths Requested	<input style="width: 50px; height: 30px;" type="text"/>	Any special configuration requirements?	<input style="width: 220px; height: 30px;" type="text"/>
Cost is based on \$3,750 for a 10x10 booth			

Each 10x10 booth space includes meals/syllabus for two booth staff members. Additional booth staff will be charged \$300 per person. If registering staff for the main conference they do not have to pay the additional fee.

If you wish to be identified as a sponsor for an Unrestricted Education Grant, Reception, Breakfast, Break, Lunch, Special Interest Luncheon Table, Carry Bags or Neck Wallets. Please contact Valerie Kelleher at Valerie.Kelleher@va.gov.

Total amount due	<input style="width: 140px; height: 25px;" type="text"/>	Checks should be made payable to The Tampa VA Research and Education Foundation, Inc. and mailed to Valerie Kelleher at the address above, or contact Valerie for a credit card form.
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Booth Staff Names (First, Last, Company): Please supply at least two weeks before conference. (First Name, Last Name, Company Name)	<input style="width: 780px; height: 100px;" type="text"/>
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Credit Card Processing Form

Company Information

Company Name

Address

Contact Name

Contact Phone

Contact Email

Credit Card Information

Name on Card

Card Number

Expiration Date

Security Code

Street Address

City, State, Zip

Amount to be Processed (\$)

Please Fax form to Valerie Kelleher at 813-631-3397 or Email to her at Valerie.Kelleher@va.gov