

Exhibitor Application Form

Annual POMS Conference, May 6th – 9th, 2016

CONFERENCE LOCATION: Lake Buena Vista Hilton, 1751 Hotel Plaza Boulevard, Lake Buena Vista, Florida, 32830 USA Phone: 1-407-827-4000

<http://www3.hilton.com/en/hotels/florida/hilton-orlando-lake-buena-vista-ORLDWHH/index.html>

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

ON SITE REPRESENTATIVE: _____

(If different than contact)

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

Fee: \$1200 (U.S.) per exhibit. Price does not include incidental charges such as electricity, phone etc.

SPECIAL REQUIREMENTS

(LIST ANY SPECIAL NEEDS)

Please contact Shailesh Kulkarni at shailesh.kulkarni@unt.edu or (940) 565-4769 for more information regarding exhibits.

Make checks payable to POMS

METHOD OF PAYMENT: ___ Check Enclosed ___ VISA ___ MC ___ AMEX

CC Number: _____ **Expiration date:** _____

Name on Card: _____

SIGNATURE: _____ **DATE:** _____

RETURN FORM TO (Please use complete mailing address):

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Reisterstown MD 21136 USA

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