

EXHIBITOR INVOICE

The Triangle Caregivers Conference
250 Hospice Circle
Raleigh, NC 27607



Exhibitor Invoice

(NOTE: THIS IS NOT YOUR REGISTRATION FORM!)

Company Name:

Contact Name:

Address:

City, State, ZIP:

Phone:

Email:

General Exhibitor: \$ 650 (both conferences) or \$350 (1 conference only)
Non-Profit Exhibitor: \$ 275 (both conferences) or \$175 (1 conference only)
Electricity: \$ 60 (both conferences) or \$30 (1 conference only)
Additional Lunches (registration fee includes 2 lunches): \$20 each

	DUE DATE* Due MAY 30, 2016	
DESCRIPTION		TOTAL
Please select from the list below:		
<input type="checkbox"/> Exhibitor Registration for both conferences - June 21 and June 28, 2016		
<input type="checkbox"/> Exhibitor Registration for Raleigh conference - June 21, 2016		
<input type="checkbox"/> Exhibitor Registration for Durham conference - June 28, 2016		
<input type="checkbox"/> Electricity		
<input type="checkbox"/> Additional Lunches		
	TOTAL DUE:	
	BALANCE:	

***All payments DUE BY MONDAY, MAY 30. Non-payment by this date results in forfeit of exhibit space.**

Make all checks payable to Transitions LifeCare.

Mail your payment to: **Transitions LifeCare, 250 Hospice Circle, Raleigh, NC 27607**
Attn: Triangle Caregivers Conference

If you have any questions or would prefer to pay by credit card, please contact The Triangle Caregivers Conference Hotline @ 919.719.6765

THANK YOU FOR YOUR SUPPORT!

For accounting purposes, please note that our Tax ID # is: 56-1228779