



September 26-28, 2018

Exhibitor Registration

*Please fill one registration form per person staffing table (limit 2 per day)*

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Degree:  MD  DO  NP  RN  Other: \_\_\_\_\_ (Please Specify)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Exhibitor Level:  Champions of Hope (\$3000)  Enduring Strength (\$2000)  Ageless Spirit (\$1500)

Guardian Angel (\$500)  Healing Hearts (\$250)  Compassionate Support (\$100)

Government  Community Partner

Please do not fill in below line

Office Use Only

*Complimentary registration approved by:*

*(Name and Signature of person authorizing complimentary registration)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please scan/email to [moris@uthscsa.edu](mailto:moris@uthscsa.edu)