

EXHIBIT SPACE APPLICATION/CONTRACT

2018 KACEP ANNUAL MEETING

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Name

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Company

Email Telephone Number

­Participant/s Name and Title (Print)

Participant’s contact information

Please check if you need a name tag provided

## Please make check payable to KACEP

**Mail to: KACEP**

**P.O. Box 2831**

**Louisville, KY 40201-2831**

We the undersigned, hereby make application for exhibit space at the Kentucky Chapter, American College of Emergency Physicians 2018 Annual Meeting, **November 15, 2018**. By signing this agreement we authorize KACEP to reserve exhibit space on our behalf. By signing this agreement you will abide to the payment of **$750** for booth space & **1 ticket**. If additional tickets are needed; each additional ticket will be $50.00. You will need to bring emailed ticket/s for entry into Churchill Downs (no exceptions).

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**Signature of Participating Company Representative**