BY MAIL EXHIBITOR REGISTRATION FORM  2019
Lyme & Other Tick-Borne Diseases: Scientific Update for Clinicians & Researchers

Exhibitors: A limited amount of space for exhibitors is available on a first come, first served basis. Each space is $1275 which includes 1 standard table, 2 chairs. Exhibit fee includes only one conference admission (see “entrance badge name” on form). One other company representative can sit at the table but must register and pay for a separate regular conference admission if he/she intends to participate in conference activities. Exhibit space is limited to a table. Those with a popup need to contact LDA first to see if a slot is available for a popup and any extra charge that might be necessary. Exhibitors are responsible for payment of any box handling charges they incur while shipping to the hotel and any electric they order from the hotel. Deadline for receiving By Mail Registration Form/Exhibitor Agreement*/Check for name inclusion in Conference Program, August 19, 2019. No cancellations after registration received.

Exhibitors must complete the information below and at a later time will have to complete and sign the Conference Exhibitor Agreement. Payment signifies agreement to all terms.

Please Print
Company Name: ______________________________________________________________
Contact Name: ________________________________________________________________
Address: _____________________________________________________________________
City, State, Zip: ________________________________________________________________
Telephone (with area code): ( ) ____________________ Fax :( )__________________________
E-Mail Address: ________________________________________________________________
Exhibitor Entrance Badge Name (one) _______________________________________________
Other Company Representative, (one non-conference attendee) ___________________________
Number of exhibit spaces needed: ______ (ea. $1,275)

Please indicate the Product or Service you will promote at the conference: _________________
Email LDA@LymeDiseaseAssociation.org with questions.

CHECKS/MONEY ORDERS MUST BE INCLUDED WITH SIGNED FORMS TO CONFIRM REGISTRATION. *EXHIBITOR AGREEMENT WILL FOLLOW.

Please make checks/money orders payable to Lyme Disease Association, Inc. & send to:
LDA, PO Box 1438, Jackson, New Jersey 08527

NOTE: If Hotel requires a breakdown Saturday after conference and reset Sunday of exhibits, it is beyond control of the LDA.

No audio or videotaping or picture taking of the conference is permitted.