



## Exhibit Reservation Form

Children's Hospital of The King's Daughters  
Office of Continuing Medical Education  
601 Children's Lane  
Norfolk, VA 23507

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Person to receive registration confirmation and letter of agreement: \_\_\_\_\_

Name(s) for Name Badges: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Product(s) to be exhibited at conference: \_\_\_\_\_

### Level of Support

- We wish to provide an **unrestricted educational grant** in the amount of \$ \_\_\_\_\_
- We wish to provide a **restricted educational grant** in the amount of \$ \_\_\_\_\_ for  
speaker travel \_\_\_\_\_ speaker honorarium \_\_\_\_\_ meals \_\_\_\_\_ other \_\_\_\_\_
- We would like **exhibition space** @ \$850 per booth for the Friday/Saturday sessions.  
Number of booths: \_\_\_\_\_ (Please contact Rosalind Whitaker at (757)668-8942 with questions about pricing)

Please make checks payable to: **Children's Hospital of The King's Daughters (TTN: 54-0506321)**

### **PAYMENT MUST BE RECEIVED BY September 1<sup>st</sup> TO GUARANTEE SPACE**

Cancellation Policy: Please note that cancellations received after space is assigned prior to September 1, 2011 will forfeit 25% of the total cost of the exhibit space assigned. Cancellations received after September 9, 2011 will forfeit 100% of the total cost of the exhibit space assigned. Cancellations must be received in writing at [rosalind.whitaker@chkd.org](mailto:rosalind.whitaker@chkd.org) or via facsimile at 757-668-7122 to be official. If payment in full for exhibit space is not received prior to **September 1st**, that space will be reassigned and any payment retained by Children's Hospital of The King's Daughters.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method:  Check Enclosed  Visa  MasterCard  American Express

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

**RETURN THIS FORM BY FAX (757)668-7122 or MAIL WITH CHECK  
to Rosalind Whitaker at the ADDRESS ABOVE**