

**The Symposium on
ADVANCES IN CHRONIC DISEASE CARE**

Application for Workshop Presentations, Exhibits, & Sponsorships

Date: _____
 Company: _____
 Name: _____
 Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____ Fax: _____ E-Mail: _____

Workshop: Title: _____

Presenter: _____

(Note: Limited workshop rooms are available. Presentations are subject to approval by primary conference sponsors & applicants will be notified.)

<input type="checkbox"/> Platinum Sponsorship	\$7,500		\$ _____
<input type="checkbox"/> Exhibit Booth	\$2,500	X _____	\$ _____
<input type="checkbox"/> Symposium Welcome Reception	\$3,500		\$ _____
<input type="checkbox"/> Continental Breakfast	\$2,500		\$ _____
<input type="checkbox"/> Luncheon	\$3,500		\$ _____
<input type="checkbox"/> Refreshment Break	\$1,500		\$ _____
<input type="checkbox"/> Special Symposium Passes	\$ 795	X _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	X _____	\$ _____
<input type="checkbox"/> Workshop Administrative Fee	\$ 495		\$ _____
		TOTAL:	\$ _____

____ Visa ____ MC ____ AMEX Card No: _____ Exp: _____

NAME OF CARDHOLDER: _____

Authorizing Signature: _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THIS APPLICATION AND FAX TO 760-771-3183. IF PAYING BY CHECK MAIL TO: CONFERENCE HEADQUARTERS, 53881 AVENIDA VILLA, LA QUINTA, CA. 92253. PLEASE MAKE CHECKS PAYABLE TO THE SYMPOSIUM ON ADVANCES IN CHRONIC DISEASE CARE..

PAYMENT OF FEES MUST BE RECEIVED WITH THE APPLICATION BEFORE EXHIBIT & WORKSHOP SPACE CAN BE RESERVED AND/OR A SPONSORSHIP CAN BE ACTIVATED. CANCELLATIONS MUST BE SUBMITTED IN WRITING. FOR CANCELLATIONS RECEIVED ON OR BEFORE APRIL 9TH, 2001, 50% OF FEE WILL BE RETURNED. AFTER APRIL 9TH, 2001, THE FEE IS NON-REFUNDABLE.. TAX ID #91-1892021

Linda Jenkins, Conference Coordinator 800-684-4549 Fax: 760-771-3183