



## EXHIBITOR FORM

Please fax form to

703-548-9003

By March 9, 2012

# A 2012 *Dialogue for Action*™ on Colorectal Cancer Screening: Today's Progress, Tomorrow's Challenge

Renaissance Baltimore Harborplace Hotel • Baltimore, Maryland • March 21 – 23, 2012

## Exhibit Reservation Form

Main

Contact:

Organization:

Phone #:

E-mail:

Fax #:

**Exhibitor Level:**

**Supporter**

**NCRC Collaborating Partner**

**Non-profit Organization**

For questions or information, contact [Linda Kelsey](#), International MeetingWorks, LLC  
by e-mail or phone at 703-548-6137.

### On-Site Exhibit Staff

All persons staffing the exhibit must  
register for the conference.

Name:

Name:

### Exhibit Description

Please give a basic description of your exhibit including, height, length and depth. **Only 6' tables will be available.**

Does your exhibit require an electrical outlet?

Yes

No

### Audio-Visual Rental Equipment

**Check items you would like to rent:**

TV monitor for VHS or DVD

TV stand

Extension cords:

Yes

No

Laptop computer

Internet connection

How many?

Additional requests?

Will you require an AV tech to help with your set-up?

Yes

No

### Credit Card Information – For Audio-Visual Rental Only

*I understand audio-visual rental equipment charges will be billed to my credit card.*

CREDIT CARD PAYMENT:

AMEX

Visa

Master Card

Card Number:

Expiration Date:

Signature:

(Required)

Print Card

Holder's Name: