

EXHIBITOR REPLY FORM

Mail or Fax to: Lanee Ruth Trout, CPC (AAPC)
Pathology, Health Sciences Center PO Box 9203
Morgantown, WV 26506
FAX: 304-293-2925
or email to: WVAPathologists@gmail.com



PROGRAM TITLE: West Virginia Association of Pathologists Annual Meeting

COMPANY NAME

Street Address

City State Zip Code

E-Mail Address Phone Number

Contact Person

Attending #1 Attending #2

List any special requirements below - i.e. electric, wi-fi or larger than 6 ft table

SUPPORT LEVELS

Total of vendor support

\$250 - Listing of company name on program only (No exhibit)

\$300 - Exhibit at the conference only

\$500 - Exhibit plus listing of company name on program

\$750 - Exhibit, listing on program and lunch presentation (if available)

Optional donation toward door prize

FORM OF PAYMENT

CREDIT CARD

CHECK

CASH

At this time all payments are processed through PayPal. An invoice will be sent to your e-mail address above.

Checks should be made payable to WEST VIRGINIA ASSOCIATION OF PATHOLOGISTS and returned with registration or brought to meeting