



Observation Care '19

6TH ANNUAL NATIONAL OBSERVATION MEDICINE CONFERENCE

EXHIBITOR/SPONSORSHIP REGISTRATION FORM

Observation Care '19
Gaylord Opryland Resort & Convention Center
April 8-9, 2019

Exhibitor/Sponsor Company Name

Representative's Name

Telephone Number (office)

Mobile Number

Email Address

Address

City

State

Zip Code

SPONSORSHIP LEVELS (SEE ATTACHED):

- Diamond Sponsor: \$10,000
- Gold Sponsor: \$ 7,500
- Silver Sponsor: \$ 5,000

EXHIBITOR FEES:

- 2 Day Registration: \$1,000
- 1 Day Registration: \$600

EXHIBITORS:

Name of representatives as it should appear on their badges:



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Return the completed registration form with full payment by check (payable to CEME) to:

US Acute Care Solutions
c/o Cathy McManus
12410 Milestone Center Drive #225
Germantown, MD 20876

Or credit card:

CC#: _____

Exp. Date: _____

CCV#: _____

Amount: _____

Name as it appears on card: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

If you have any questions or concerns, please contact Cathy McManus at 301-944-0050 or at cmcmanus@usacs.com