

ASILOMAR CONFERENCE
University of the Pacific, School of Dentistry
February 7, 2009

In applying for exhibit space, we have enclosed our check for the cost of the space and, if applicable, additional fees for room accommodations.

Contact person name: _____

Telephone number: _____

Representative(s) attending:

Name(s): _____

Title(s): _____

Company: _____

Address: _____

(If there are more than two representatives attending, fill in the same information for additional people on the back of this form.)

Representative(s) WILL WILL NOT need room(s) at the Asilomar Conference Center.

FEES: \$500 exhibit fee
\$397 **PER PERSON** lodging for Friday and Saturday Nights
\$485 for a couple sharing a room for Friday and Saturday Nights

A check in the amount of \$ _____ is enclosed. (payable to: University of the Pacific)

Please charge my Visa / MasterCard (please circle) for \$ _____

Card number: _____ Exp. date: _____ V-code: _____

PLEASE INDICATE YOUR BOOTH SET UP NEEDS:

How may electrical outlets? _____ How many tables (2'x6')? _____

How many chairs? _____ Other specifications? _____

For shipping your merchandise to the conference center please call Tricord 831-883-8600.

Please return this form and payment no later than November 14, 2008 to:

**Dean's Office, Arthur A. Dugoni School of Dentistry, 2155 Webster Street, San Francisco,
CA 94115.**

Fax: 415-929-6419 – Phone: 415-351-7185