



EXHIBITOR REGISTRATION
30th ANNUAL MINORITY HEALTH CONFERENCE

Date: Friday, February 27, 2009

Location: Friday Continuing Education Center, Chapel Hill, NC

Organization Name: _____
This should be how you want the organization listed in the program.

Address _____

Contact Person: _____

Telephone: _____ **Fax:** _____

On-site Personnel: _____

Each exhibit will be provided one skirted table. Please check the other items you will need for your exhibit:

_____ (no.) chair(s) _____ (no.) electrical outlet(s)
_____ (additional table)

Other Information or special needs: _____

_____ I plan to have lunch at the conference if space permits.

_____ I do not plan to have lunch at the conference.

<input type="checkbox"/>	Check/purchase order (payable to NCIPH)
<input type="checkbox"/>	Bill my <input type="checkbox"/> Mastercard or <input type="checkbox"/> Visa Number: _____
	Expiration Date: _____
<input type="checkbox"/> \$150 Non-Profit	
<input type="checkbox"/> \$500 For Profit	

Please return form and payment by **Friday, January 30, 2009** to:

Kathy Sprinkle
NC Institute for Public Health
CB# 8165
Chapel Hill, NC 27599-8165
Fax: 919-966-5692
Phone: 919-843-8614