



11th Integrative Health Conference
College of Health Sciences
West Chester University
Exhibitors Registration Form
Saturday, March 27, 2010

Name: _____

Address: _____

Daytime telephone number: _____

E-mail: _____

- Cost:**
- Non-profit Organization \$50
 - For profit Organization \$75
 - Check if you need an electrical outlet

Show hours: 8 a.m. – 1 p.m. (set up 7:30 – 8 a.m.; tear down by 2 p.m.)

Make your check payable to: West Chester University

Mail payment to: West Chester University
College of Health Sciences
855 S. New Street, Room 205
West Chester, PA 19382

Credit card: American Express Mastercard VISA

Credit card #: _____

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For information, contact Deb Murray at 610-738-0411.