

**OROS FALL CONFERENCE**  
**October 14-15, 2010**  
**Exhibitors Agreement**

Name of Company or Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Firm's Representative: \_\_\_\_\_

Number of spaces needed (6' x 30"): \_\_\_\_\_ @ \$300.00 each = \$ \_\_\_\_\_

I plan to attend the Luncheon Thursday:      Yes \_\_\_ No \_\_\_      No Charge

I plan to attend the Dinner Thursday night:      Yes \_\_\_ No \_\_\_      No Charge

I plan to attend Breakfast Friday:      Yes \_\_\_ No \_\_\_      No Charge

2010-2011 Membership Dues: (If unpaid)      \$ 200.00

**If you have not paid your membership dues for this year, you can include them in the same check.**

**All exhibitors are invited to attend the luncheon, dinner & breakfast.**

**Total enclosed:**      \_\_\_\_\_

It is agreed by signing this form you will make the proper arrangements with the Clarion Hotel and Convention Center and forward to them the Exhibitors contract and that OROS will assign exhibitors space based on the amount needed and paid for as per this agreement.

\_\_\_\_\_  
Signature of Exhibit Representative

\_\_\_\_\_  
Date

**THIS FORM MUST BE RETURNED TO THE OROS OFFICE.**