OROS FALL CONFERENCE
October 22-23, 2009
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

2009-2010 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.