

# 24th NORTHEAST REHAB SYMPOSIUM EXHIBITOR REGISTRATION



## UPDATES FOR CLINICAL AND LEGAL PRACTICE

I hereby request a reservation for an exhibit booth for the 22<sup>nd</sup> Annual Northeastern Rehabilitation Symposium to be held at **The Hotel & Conference Center at Mohegan Sun in Wilkes-Barre, PA** on **Tuesday, October 12, 2021**. I understand that booth locations will be reserved on a first come-first serve basis and that no booth will be reserved without remitting a non-refundable fee.

**Deadline for vendor registration and payment: Monday, SEPTEMBER 27, 2021**

**PLEASE LIST CONTACT INFORMATION THE WAY IT SHOULD BE LISTED IN THE ATTENDEE PACKETS:**

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Company Contact: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Representative #1:** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative #2:** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**BOTH THE CONTACT AND REPRESENTATIVES WILL RECEIVE THE CONFIRMATION EMAIL**

I agree to pay a non-refundable fee of **\$375.00 (plus \$25.00 if electricity is required)**. This reservation form is executed by the undersigned as an authorized representative of the above named company.

**Electrical Requirements (Additional \$25.00):**  YES  NO **Total Due: \$** \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**CHECK ENCLOSED:**

**Please make checks payable to: Northeastern Rehabilitation Associates, P.C.**

Attn: Bill Dempsey, 5 Morgan Highway, Suite 4, Scranton, PA 18508

**CREDIT CARD PAYMENT:**

**Email or Fax completed form to [wdempsey@nerehab.com](mailto:wdempsey@nerehab.com) or 570-969-9280 (Attn: Bill Dempsey)**

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ CVV#: \_\_\_\_\_  Visa  MC  DISC

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PAYPAL PAYMENT (EXHIBITOR MUST GO TO OUR WEBSITE TO PROCESS: [WWW.NEREHAB.COM](http://WWW.NEREHAB.COM))**

*If you have any questions, please contact Bill Dempsey at [wdempsey@nerehab.com](mailto:wdempsey@nerehab.com) or (570) 344-3788 x. 320*

*For office use only:*

**GM/Date:** \_\_\_\_\_ **EX/Date:** \_\_\_\_\_ **CONF E/Date:** \_\_\_\_\_