

## Exhibit Application

### Space Size and Cost

Table top size (18'x4')	\$ 11,000
Table top size (12'x4')	\$ 8,000
Table top size (6'x4')	\$ 5,000

### EXHIBITOR INFORMATION (please print or type)

Company Name

Address

City State Zip

Contact Person

Title

Telephone

Fax

E-Mail

Website

### Payment

My organization wishes to exhibit, Amount enclosed: \$

Check

Make check payable to: **MEEF** – Metabolic Endocrine Education Foundation  
18372 Clark Street #212 Tarzana, CA 91356

### Credit Card

MasterCard    VISA    American Express

C/C number

Exp. Date:

Name/Company as on credit card:

I, the undersigned, authorize the WCIR (MEEF) to charge my credit card for the amount listed on this application

Cardholder Signature:

Phone

-

-

Email

Please complete this form and return with your payment to:

*Metabolic Endocrine Education Foundation*

(Tax ID #46-0507966 501© 3)

18372 Clark Street #212 Tarzana, CA 91356

Or FAX: 818-342-1538

18372 Clark Street # 212 Tarzana, CA 91356 / [metabolicinst@pacbell.net](mailto:metabolicinst@pacbell.net)/818-342-1889