University of California, Davis, Health System Office of Medical Education

Exhibitor Confirmation & Information

EXHIBIT FEE: ☐Yes ☐No If yes, make check payable to Regents of the University of California, Tax ID 94-6036494				
FEE INCLUDES: • One 6' draped table for duration of the event • Exhibits limited to 6' tabletop or equivalent floor space. • Vendors provide their own electrical cords or pay for equipment provided by conference site AV services. • Decorating, security guard, internet and electricity are not provided by UCDHS • Exhibitors agree to be responsible for their own property.				
Nar	me of Vendor:			
Contact Person:				
Address:				
City	, State, ZIP:			
Pho	one:	Fax:	Email:	
Vendor representatives staffing the exhibit: #1 Name				
	Phone	Fax:	Email:	
#2		Fax:	Email:	
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