

Exhibitor Registration Form



6th Annual Prevention & Recovery Conference

Embassy Suites Norman Hotel and Convention Center
Norman, Oklahoma
Wednesday, Thursday & Friday
November 28-30, 2012

Exhibitor Name: _____

Address: _____ City _____

State _____ Zip _____ Phone # _____

Email Address: _____

Name of Person Responsible for Exhibit: _____

Special Accommodations for Exhibit Space: _____

_____ None _____ Number of tables _____ Electricity _____ Internet

There is a \$25.00 fee for each amenity

The fee for exhibiting at the 2012 Prevention and Recovery Conference will be
\$300.00 for Profit organizations

\$175.00 for Non-profit organizations

Please make checks payable to ODMHSAS, FEI # 73-6017987.

Mail to: ODMHSAS, HRD, Attn: Stephanie McKinney

2401 N.W. 23rd St., Suite 1F, Oklahoma City, OK 73107.

The fee for exhibiting includes one person's attendance to the conference. 1 table, 2 chairs, table cloth and skirt will be included. Table size is 6ft.

There is a \$25 fee for electricity, \$25 fee per fee for internet, \$25 fee per additional exhibitor table(s).

Exhibitors will be accepted on a first come basis.



Payment Method: Check Purchase Order # _____ Credit Card

Please Specify: Profit Non-Profit

Credit Card # _____ Exp. Date: _____

Cardholders Name: _____ Signature: _____

Exhibitor Registration Information

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City _____ State _____ Zip _____

I wish to apply for CEU credit in the following discipline:

LPC _____ LMFT _____ SW _____ CM _____ CPS _____ CHES _____

LBP _____ CADC _____ LADC _____ Under Supervision _____ Other _____