



# Exhibitor Registration Form

**S.C. Medical Equipment Services Association  
Annual Meeting & Trade Show  
May 27-28, 2010**

**Springmaid Beach Resort & Conference Center  
3200 South Ocean Blvd, Myrtle Beach, SC 29577  
(Located at the south end of Ocean Blvd, 15 minutes from Myrtle Beach Airport)**

Company: \_\_\_\_\_ Phone \_\_\_\_\_

Attendees: \_\_\_\_\_  
Email Address (please print) \_\_\_\_\_

**Registration Fee:** \$500 per exhibitor (includes all functions for maximum of 2 persons per exhibitor, and 2010 annual dues in SCMESA)

Fee includes: 8x10 space, 8' draped table, 2 chairs, all pipe and draping, 1 sign for back drape and necessary electricity.

## Exhibit Hours

**Thursday, May 27: 11:00 AM—7:30 PM**  
**Friday, May 28: 9:00 AM until 1:00 PM**

**Vendor Appreciation Reception (Thursday Night), all breaks and buffet lunch will be held outside the foyer entrance to the exhibit hall.** Please note that meeting is being held at a location which allows all vendors to be located in the same room with expanded networking area. Exhibitors may donate door prizes to be drawn during the reception or to give away at your booth.

All exhibit fees or satisfactory arrangements for fees must be paid prior to setup!

Mail Exhibitor Registration Form with fees to: SCMESA, P.O. Box 3284, West Columbia, SC 29171. Any questions..call SCMESA at 803-926-1772 or email: [bhorton1@sc.rr.com](mailto:bhorton1@sc.rr.com), Fax 803-926-9999

Credit Cards (Visa, MasterCard) accepted..call the office or mail/fax the attached credit card form.

**Registration deadline, May 11th, 2010**

**Credit Card Form (Visa or MasterCard only)**

**(Mail to SCMESA, P.O. Box 3284, West Columbia, SC 29171 or fax to  
803-926-9999)**

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

**Card**

**Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Last 3 numbers on back of card:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**(To avoid errors, please print all information)**