

Fourth National Conference on
QUALITY HEALTH CARE FOR CULTURALLY DIVERSE POPULATIONS:
Integrating Community Needs into the National Health Agenda
September 28-October 1, 2004
Washington Hilton & Towers, Washington, DC

Exhibitor Application

Please Return Application Form by July 31, 2004

(Please Print or Type)

Organization Name: _____

Contact Name: _____

Additional Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Briefly (25 words or less) describe the information to be exhibited including a sample listing of some of the items you plan to display (items may be attached):

*The Resource Center will be open **Wednesday, September 29 from 6 pm to 8pm; and Thursday, September 30 from 7am to 6pm;** during which times exhibits may operate.*

EACH EXHIBIT SPACE INCLUDES ONE CONFERENCE REGISTRATION

Exhibit Rates:

Corporate	\$1250	_____
Non-Profit/Gov't	\$ 700	_____
Conference Sponsor	fee waived	_____

Registration:

One additional staff member*	\$150	_____
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Total Enclosed: _____

Applications for exhibit space must be accompanied by a check or money order for full payment, made payable to **FSA Account TA58** and mailed to:

Attn: Dale Evans
Exhibits Manager
Quality Healthcare Conference
5855 Green Valley Circle #101
Culver City, CA 90230
(310) 216-6772 FAX (310) 216-7327
info@meetingsRR.com

*Additional staff members wishing to attend should complete Conference Registration Form.

We reserve the right to cancel this activity for any reason. In the event of such cancellation, the full exhibition fee will be returned to the exhibitor. Exhibitors may cancel with a full refund minus a handling fee of \$100 before August 31, 2004. After August 31, 2004, no refunds will be given.