



American College of Acupuncture and Oriental Medicine

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CAE VENDOR BOOTH RESERVATION FORM

Attn: Angelia Guinara
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713-780-9777 (Phone)
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cae@acaom.edu (e-mail)

Please accept my registration for one vendor exhibition booth at the ACAOM continuing acupuncture education conference on February 25-26, 2017. Enclosed is registration fee for:

- \$680 early registration on or before December 28, 2016
 \$880 regular registration after December 28, 2016

Organization: _____

Address: _____

Phone: _____ Fax: _____

Representative: _____ Email: _____

Representative: _____ Email: _____

Unless otherwise specified, one table and two chairs will be provided per registration. Please list any other special arrangement is needed such as space, electrical outlet, food restriction, etc.

Please make check payable to ACAOM and mail to 9100 Park West Dr., Houston, TX 77063.

Fill out below information if you wish to pay by credit card:

Card type: VISA / MASTER / AMERICAN EXPRESS / DISCOVER

Card #: _____ Exp Date: _____

Name on card: _____ Sec Code: _____

Billing Address: _____

Authorized Signature: _____