South Carolina Society for Respiratory Care - Exhibitor Registration Form

Company Name:

Address:

Contact Name:

Phone:

Email:

Sponsorship Level:

- ☐ Bronze - $1150 *(2 Exhibitors)*
- ☐ Silver - $1500 *(3 Exhibitors)*
- ☐ Gold - $1900 *(4 Exhibitors)*
- ☐ Platinum - $2500 *(6 Exhibitors)*

Exhibitor Names:
List all persons included

1. *- Exhibitor in charge*
2.
3. *- Silver and above*
4. *- Gold and above*
5. *- Platinum Tier only*
6. *- Platinum Tier only*

Speaker Contact Info:

Speaker Topic:

Electrical needs: Number of electrical outlets required:

Digital Advertising Add-ons (This option is available for additional advertising)

- ◯ 2 Full-page digital advertising add-on option - $200
- ◯ 1 Full-page digital advertising add-on option - $100
- ◯ 1/2 page digital advertising add-on option - $75
- ◯ 1/4 page digital advertising add-on option - $50

Payment Total $

SCSRC Tax ID # 237092114

For faster registration, please complete this form and send as email attachment to exhibitors@scsrc.org.
Mail check payable to SCSRC to the address below. ***Make check payable to SCSRC***

To send via USPS, print form and mail with your check to:

South Carolina Society for Respiratory Care
% SCSRC - Treasurer
247 Larkspur Road
Columbia, SC 29212

Authorized signature and Title

Date