



*Rocky Mountain Cardiopulmonary  
Rehabilitation Association*

P.O. Box 1171 Greeley, CO 80632

**2011 Annual Conference  
VENDOR REGISTRATION**

Please complete the registration form below and return to the address provided at the bottom of the form by **April 1st, 2011** along with your payment. We will position tables for the greatest foot traffic. Please get there early for the best possible location.

---

**RMCRA Exhibitor Registration Form**

- Exhibitor Fee: \$300**
- Friday Evening Network and Reception Dinner (\$300)/Exhibitor Fee: \$600**
- Saturday Lunch (\$100) and Exhibitor Fee: \$400**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

Number of electrical outlets needed? \_\_\_\_\_ Number of exhibitors for lunch? \_\_\_\_\_  
Which day will you be setting up? Friday \_\_\_\_\_ or Saturday \_\_\_\_\_  
(Vendors can set up on Friday between 3:30 and 5:30PM or Saturday after 6:00AM)

Your payment (**Tax ID# is 61-1553911**) can be made payable to **RMCRA** and mailed with the **registration form** by April 1, 2011 to:

**RMCRA  
P.O. Box 1171  
Greeley, CO 80632**

Or, you can log on to our website ([www.rmcr.org](http://www.rmcr.org)) and submit payment using **PayPal**.