



2009 Network Annual Conference
October 9, 2009 in Salem

"Think Health Care without Limits"

Exhibitor Form

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Email: _____

Person(s) who will staff the table: _____ # of Lunches _____

- Yes, I would like an Exhibit Table; Non-Profit Exhibitor: \$ 50.00
- I am an exhibiting sponsor (submit this form no later than August 30, 2009)
- Yes, I need access to a power outlet

Other needs _____

Return Exhibitor Form and fees no later than August 30, 2009, to:

Oregon School-Based Health Care Network

Attn: Jennifer Melo
PO Box 12191
Portland, OR 97212

No refunds for cancellations received after September 25, 2009.

Questions:

Jennifer Melo, Program Director
Phone: 503-813-6480
jennifer@osbhcn.org