



**Physical Therapy
ALABAMA**

Fall Conference 2010
August 20- 21, 2010
DoubleTree Hotel 205/933-9000
808 South 20th Street, Birmingham, AL 35205
(No Room Block for This Event)

Company Name: _____ Contact Name: _____
 Address: _____ City/State/Zip: _____
 Phone: () _____ E-Mail _____
 Booth Attendee Name(s): _____
 Person(s) Attending for CEUs: _____

Register before August 1, 2009 – On-line Registration available at www.ptalabama.org
Booths Assigned by Registration Order

A) Conference Sponsorship (includes booth)

Platinum Partner _____ \$3,000 (**Reception/Awards ceremony** sponsor and 5 Attendees for CEUs)
 Gold Partner _____ \$2,000 (**Reception/Awards ceremony** sponsor and 3 Attendees for CEUs)
 Silver Partner _____ \$1,500 (**Reception/Awards ceremony** sponsor and 3 Attendees for CEUs)

B) Exhibitor Space Only

Single (6 x 8) _____ \$600 (1 CEU attendee, 1 booth attendee)
 Double (12 x 8) _____ \$1,000 (1 CEU attendee, 2 booth attendees)
 _____ \$50 Each additional booth attendee

C) Spouse/Guest Pass _____ \$ 50 Name(s) _____
 (No CEUs Awarded)

F) Meal Sponsor - \$500 **Reception** _____ **Breakfast** _____ **Lunch** _____
 (Select one or more)

G) We will contribute: **Lanyards** _____ **Folders** _____ **Other** _____ (specify)

Total payment enclosed: \$ _____ please circle one: VISA MasterCard AmEx Check

Credit Card Number: _____ Expiration Date: _____ Billing Zip _____

PAYMENT MUST BE RECEIVED PRIOR TO THE CONFERENCE

P.O. Box 55397 Birmingham, Alabama 35255
205-581-5111 (phone) or 205-682-9872 (fax)
estrunk@ptalabama.org