

Second Annual Comparative & Experimental Medicine Research Symposium June 16, 2009



Exhibitor Registration Form

_____ would like to support the symposium.
(Company Name)

Your \$100 Sponsorship Includes:

- Company name & contact information listed in exhibitor directory
- Company logo in symposium program
- Company recognition on signage near refreshment tables
- Exhibit space with one 2.5' x 6' display table & two chairs located near presentation rooms
- Lunch for your one or two exhibit table attendants

Contact information for directory:

Name

Phone

E-Mail

Check enclosed payable to the University of Tennessee

Credit card confirmation number _____

I would like space with a power hook-up (you will be notified if none is available).

I would like a parking pass.

Mail or fax to: Misty Bailey
College of Veterinary Medicine
2407 River Drive, Rm A102
Knoxville, TN 37996
(865) 974-7446 (ph)
(865) 974-4773 (fax)

Deadline: April 17