



North Florida Cardiovascular Education Foundation

*501 Riverside Avenue Suite 800
Jacksonville, Florida 32202*

Exhibit Reservation Agreement

Acting as a representative of _____
Name of Company

I wish to reserve the following exhibit booth table(s) and space for the purpose of sharing product information with your attendees at the 7th Annual Ponte Vedra Cardiovascular Symposium, May 1, 2010.

I would like to utilize:

_____	6' Exhibit Table and Space at a cost of:	\$3,000
_____	12" Exhibit Table and Space at a cost of:	\$5,000

*I understand payment must be made no later than April 15, 2010 to obtain these rates and insure exhibit space at the Symposium.

Representative Name

Date _____

***Due to the heavy administrative costs of collecting exhibit fees after the date of our symposium, a 10% charge will be added to invoices after May 1, 2010.**