



**2018 MACVPR
New England Cardiovascular and Pulmonary Rehabilitation
Symposium Participation Form
October 25, 2018**

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

YES! WE WOULD LIKE TO PARTICIPATE AS INDICATED BELOW:

_____ **DIAMOND LEVEL SPONSOR: \$ 1500 AND ABOVE**

_____ **SILVER LEVEL SPONSOR: \$ 1,000**

_____ **BRONZE LEVEL SPONSOR: \$ 750**

Lunch will be provided for you. We will have _____ people having lunch.

Need electricity? No Yes: _____ amps 1 outlet (120v/ 20 amp) is included;
(vendors will be responsible for specific plug adapters to match available electrical outlets).

Set up: Thursday, October 25th 7:00-7:45 PM (or earlier if needed)

Vendors opportunities (Tentative)

- 7:45 - 8:30 am during registration (many members arrive early)
- 10:30 - 11:00 am
- 12:15 – 1:15 pm (this is lunch time too)
- 2:00 – 2:30 pm

Break down: You can break down after the last scheduled vendor opportunity or you may want to stay until the end of the day. It is up to you!

Payment is due by **October 5, 2018**. Make checks payable to:
Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation (MACVPR)
ATTN: Donna Hawk
44 Park Circle
Westfield, MA 01085-3411

**Please complete this form and email to admin@macvpr.org
Thank You for your support!**