



2013 Enrollment for Exhibit Space

Cost: \$500.00 (Includes Tabletop Display and Two Representatives)

Additional Representatives: \$50.00 per person

Total Cost: \$_____

Exhibiting Company: _____

Exhibit Coordinator: _____

Attending Representatives: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Payment is due September 13, 2013. On-site registration will be accepted.

Please make check payable to "**Connecticut Society of Perfusion**".

Tax ID#06-1463563

Please return check and registration form to the following:

Michael Smith
MNH-207-K
Quinnipiac University
275 Mount Carmel Ave.
Hamden, CT 06518

Any questions, please contact Allison M. Conelius at allisonconelius.csp@gmail.com or by phone at 860-367-1265.