



North Shore University Hospital
Northwell HealthSM

16th Annual Respiratory Therapy Symposium

Dear Vendor,

I am pleased to announce that the Respiratory Therapy department at North Shore University Hospital will hold its 16th Annual Respiratory Therapy Symposium on **Friday June 14th, 2019** at **The Inn at New Hyde Park**

Our annual symposium provides CEU's to 300 plus RT's, RT leadership members and students in the tri state area at a discounted price.

The booth price is \$600. We will open the exhibition hall at 10:00 pm- booths are to be ready by 9:00 am. Lunch will be provided. Booths are to be broken-down by 3 pm. The exhibition hall will be located outside the ballroom adjacent to the entrance.

Exhibit Registration Includes (see exhibitor registration form enclosed)

- 8x6 booth
- 2 chairs
- One electrical outlet
- I.D. badges for all representatives
- Booth location sign
- Company logo and vendor contact list for all attendees

The configuration of this year's exhibition hall limits the number of vendors we can have to 20.

Booths will be assigned on a first come first serve basis. We recommend early registration, as booth space is limited. Also please email a high quality **logo** of your company to Stanley John at: sjohn2@northwell.edu

If you have any questions feel free to call me at (516) 562-2245, or email me at sjohn2@northwell.edu.

We are grateful for your support and look forward to seeing you on June 14th, 2019.

Sincerely,

Stanley John, MHA, RT, RRT-NPS, CPFT, ACCS, AE-C, CPC
Director of Respiratory Therapy - North Shore University Hospital
Chairman – NY State Education Department RT & APT Licensure Board

NSUH- RT SYMPOSIUM EXHIBITOR REGISTRATION FORM

Company Name: _____

Complete Address: _____

Contact Person (print): _____ Phone: _____

E-mail Address: _____

Complete and Return to Reserve Booth Space (first come, first serve) Check *all that apply!*

Single Booth with 2 Representatives (lunch included) \$600

1. _____

2. _____

Additional Second Booth with 2 Representatives additional \$600
(lunch included for 2 representatives)

1. _____

2. _____

Additional Representatives (lunch included)

1. _____ \$55

2. _____ \$55

Special requests

TOTAL amount due \$ _____

Payment Options

I. If paying by check:

Make check, money order or cashier's check payable to

North Shore University Hospital- Respiratory Therapy Department
(FEDERAL TAX ID # 11-1562701).

Payment should be mailed to:

Solutionsx2
1996 Foster Road
Hatfield PA, 19440

II. If paying by corporate card:

Please visit the website **Solutionsx2.com** and make the payment using the link

<http://www.solutionsx2.com/northwell>