

**AtlantiCare Regional Medical Center  
The Trauma Center  
10th Annual Trauma Symposium  
Atlantic City Convention Center  
Atlantic City, NJ  
May 5<sup>th</sup> – May 7<sup>th</sup>, 2008**

**Exhibit Application Form for May 6<sup>th</sup> & 7<sup>th</sup>, 2008**

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
**Number      Street      City      State      Zip Code**

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Page Address: (URL) \_\_\_\_\_

Representative (s) from your company who will be present: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Products of services provided by your company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of the exhibit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electricity Needed (Electrical Outlet Space is Limited, This Will Be on a First Come, First Serve Basis)

***Please note: The exhibit space will consist of one table (approximately 6 feet by 3 feet) and two chairs.***

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