

EXHIBIT SPACE APPLICATION
16th ANNUAL WOUNDHSI
June 28-30, 2018
Marriott East Side – New York, NY



Presented by



EXHIBITOR INFORMATION

Company Name: _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Company phone _____ Fax _____

Website _____

EXHIBIT CONTACT

Name _____ Title _____

Email _____ Phone _____

PAYMENT INFORMATION

By Check: Checks are made payable to Peter Sheehan Diabetes Care Foundation and mailed to 45 Rockefeller Plaza, Suite 2000, New York, NY 10111

Exhibit Option \$5,000 \$3,000 \$2,500 \$1,500

By Credit cards: (a 5% charge fee has been added)

Exhibit Option \$5,250 \$3,150 \$2,625 \$1,575

Credit card type: (circle one) Visa MC Amex Discover

Name on credit card (please print) _____

Credit card number _____

Security Code _____ Billing Zip Code _____

Please send completed application to Nadege Sheehan at woundhsi@psdcfoundation.org or fax to 646-747-8246

(The Peter Sheehan Diabetes Care Organization is a 501(c)(3) Non-Profit Tax-Exempt Charitable Organization)