

AORN Chapter 1902 New Orleans
Medical/Surgical Exhibit

Registration Form

Company _____

Sales Representative(s) attending seminar

Mailing Address

City, State

Zip code

**** (REQUIRED)** Telephone (_____) _____

**** (REQUIRED)** Email _____

Number of Tables _____ Electricity required: Yes ___ No ___

Type of Sponsorship:

_____ Exhibitor table - \$300 each

_____ Breakfast/Refreshment sponsor (optional) - \$ _____

_____ Monetary donation only (no table) - \$ _____

Payments payable to:

AORN Chapter 1902 New Orleans

Remit to: Sharon Guardina RN, BSN, CNOR

Chair Vendor Fair

206 Kingsland Dr.

Covington, LA. 70435

Pay pal is also available.....**aornofneworleans.com**

