

Exhibitor Application Form

Annual POMS Conference, May 8th – 11th, 2015

CONFERENCE LOCATION: 1919 Connecticut Ave, NW, Washington DC 20009, USA Phone: 1-202-483-3000 <http://www.thewashingtonhilton.com/>

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ON SITE REPRESENTATIVE: _____

(If different than contact)

PHONE: _____ FAX: _____ E-MAIL: _____

Fee: \$1200 (U.S.) per exhibit. Price does not include incidental charges such as electricity, phone etc.

SPECIAL REQUIREMENTS

(LIST ANY SPECIAL NEEDS)

Please contact Shailesh Kulkarni at shailesh.kulkarni@unt.edu or (940) 565-4769 for more information regarding exhibits.

Make checks payable to POMS

METHOD OF PAYMENT: ___ Check Enclosed ___ VISA ___ MC ___ AMEX

CC Number: _____ Expiration date: _____

Name on Card: _____

SIGNATURE: _____ DATE: _____

RETURN FORM TO (Please use complete mailing address):

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800 W. Campbell Rd. SM 30
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