



INVOICE

Name of Corporation: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ # of Reps Attending: _____

**Exhibit Fee for the ESRD New England Fall Meeting
Mohegan Sun Conference Center
Tuesday, October 17, 2017**

Exhibit fee includes: skirted table, 2 chairs, refreshments, and lunch for 2 representatives.

NOTE: Exhibitor booth will be cancelled if payment is not received by August 31, 2017

Description	Amount
For checks received by June 30, 2017	\$800.00
For checks received by July 31, 2017	\$875.00
For checks received by August 31, 2017	\$950.00
 Additional Representatives (each)	 \$75.00
Total:	

Credit cards payments are accept online. Corporate checks are payable to: **ANNA Southern New England Chapter 135**

Please mail checks and registration form to:
IPRO ESRD Network of New England
1952 Whitney Avenue, 2nd Floor
Hamden, CT 06517

Office Use Only:

Check #: _____

Received on: _____

Booth #: _____

of Reps: _____

Please contact the Network for additional details by phone at 203-387-9332 or by email at quality@nw1.esrd.net