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End-Stage Renal Disease Network of New England  
1952 Whitney Avenue, 2nd Floor  
Hamden, CT 06517  
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esrd.ipro.org



# EXHIBITOR REGISTRATION FORM

ESRD New England Fall Meeting  
Mohegan Sun Conference Center  
1 Mohegan Sun Boulevard, Uncasville, Connecticut 06382  
Tuesday, October 17, 2017

To register online, please go to <http://network1.esrd.ipro.org/events/>.  
If registering by mail, please make checks payable to: **ANNA Southern New England Chapter 135**

Mail the completed Exhibitor Registration Form and check to:  
**IPRO ESRD Network of New England**  
**1952 Whitney Avenue, 2<sup>nd</sup> Floor, Hamden, CT 06517**

**Exhibitor Fee (includes breakfast and lunch for two representatives):**

- **\$800** for payment received by June 30, 2017
- **\$875** for payment received by July 31, 2017
- **\$950** for payment received by August 31, 2017 (please inquire if space is available)
- **\$75** for Additional Representatives (beyond the 2 representatives included in exhibitor fee)

**Company Name:** \_\_\_\_\_

**1<sup>st</sup> Representative (Primary Contact):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2<sup>nd</sup> Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Representatives (please include additional fee of \$75 per person when submitting payment)**

**3<sup>rd</sup> Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**4<sup>th</sup> Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_