



7TH ANNUAL

Lillian & James Portman Conference *Celebrating Direct Care Workers*

Monday, November 10, 2008 • 8:45 a.m. - 4:30 p.m. • VisTaTech Center, Schoolcraft College, Livonia, MI 48512

EXHIBITOR REGISTRATION FORM

Your application and payment must be received by October 31, 2008.

Contact Person _____

Organization _____
(Name as you would like it to appear in the program)

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

Daytime Fax (_____) _____

Email _____

Please list below the name of the person who will be present on the day of the conference and will be responsible for the exhibit. This person may attend the conference and will receive complimentary refreshments and a packet of educational materials.

Check box if applicable:

Will your exhibit require electricity?

Will you need additional space for your exhibit?
The exhibit table is a 6-foot skirted table with two chairs.

Door prizes will be given away during lunch. Names will be drawn from the list of conference participants. Are you interested in contributing a prize?

Yes No

Indicate any special needs we should be aware of (i.e. dietary, physical)

Registration Fee - \$99

Method of Payment (*check one*)

Check or money order should be made payable to:
Optimal Life Designs in Dementia Care
P.O. Box 128 Hamburg, MI 48139
Employer Identification Number: 20-2221266

VISA MasterCard

Credit Card No.

Expiration Date

Print name as it appears on the bottom of the card

Authorized Signature

Please send registration form and payment to:

Anne Robinson, Conference Organizer
Optimal Life Designs in Dementia Care
P.O. Box 128
Hamburg, Michigan 48139

Phone: 810.231.2723

Fax: 810.231.2743

***Thank you for reserving an exhibit space at this year's conference.
We look forward to seeing you in November!***