



2019 HEALTH PHYSICS SOCIETY MIDYEAR EXHIBITOR REGISTRATION FORM

Email completed forms to exhibits@hps.org by February 1, 2019

Exhibiting Company Name _____

Full rate exhibits include two complimentary full-meeting registrations per exhibit space. Additional exhibits-only registrations may be purchased for \$75/person for booth staff and does not allow access to the program and sessions

Attendee #1 Full Conference Exhibits Access Only

Name for Badge _____

Address _____

City _____

State _____ Postal _____ Country _____

Phone _____ Email _____

CHP NRRPT

Are you presenting at this meeting? Yes No Abstract Number: _____

Attendee #2 Full Conference Exhibits Access Only

Name for Badge _____

Address _____

City _____

State _____ Postal _____ Country _____

Phone _____ Email _____

Are you presenting at this meeting? Yes No Abstract Number: _____

CHP NRRPT

Attendee #3 Full Conference Exhibits Access Only

Name for Badge _____

Address _____

City _____

State _____ Postal _____ Country _____

Phone _____ Email _____

Are you presenting at this meeting? Yes No Abstract Number: _____

CHP NRRPT

Use multiple sheets if necessary