



**27<sup>th</sup> Annual  
SUMMER SERIES ON AGING  
June 21-23, 2010  
Exhibitor Registration Form**

**DATES/TIMES:**

<input type="checkbox"/>	Monday, June 21, 2009	7:30 a.m. - 5:30 p.m.
<input type="checkbox"/>	Tuesday, June 22, 2009	7:30 a.m. - 6:30 p.m.
<input type="checkbox"/>	Wednesday, June 23, 2009	7:30 a.m. - 2:30 p.m.

**LOCATION:** Griffin Gate Marriott Resort & Spa  
1800 Newtown Pike, Lexington, KY

**EXHIBIT:** Each exhibit space is one 6' x 30" table with linen, skirting and two chairs. Electricity is an additional **\$25**. Requests for access must be made in advance.

**COST:**

Mon., Tues. & Wed.	\$450
Any 2 Days	\$385
1 Full Day	\$285
Wednesday Only (until 2:30 p.m.)	\$175

(One Closing Luncheon is provided to Wednesday exhibitors. There is an extra fee of **\$25** each for additional tickets.)

**REGISTER:** Please return the exhibit registration form by **Monday, March 15, 2010.**  
**Exhibit space is limited.** Early registration is strongly suggested.

Registration forms may be submitted by mail, email, phone or fax. Payment may be made with check or credit card (Visa and MasterCard only).  
Checks payable to: **UNIVERSITY OF KENTUCKY.**  
Designate "Summers Series on Aging" on the check memo.

**Organization Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

**Name Badge and Title:** \_\_\_\_\_

**2nd Name Badge and Title:** \_\_\_\_\_

(A maximum of two (2) names per exhibit space are included in the registration. A registration fee will be required for 3 or more.)

Exhibit Fee: (Please check boxes above for day/s requested) \_\_\_\_\_

Electricity (\$25) \_\_\_\_\_

Extra Lunch Ticket (Wednesday only) (\$25) \_\_\_\_\_

Registration for extra booth attendees (\$75) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**METHOD OF PAYMENT:**

**Check** (Make checks payable to: **University of Kentucky**)

**Credit Card** :  Visa  MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Billing Address: (if different from address given above):

\_\_\_\_\_

\_\_\_\_\_

**Contact:** Barbara J. Helm, MA-Conference Coordinator  
Phone (859) 257-8301 Fax: (859) 323-4940  
[Bjhelm2@email.uky.edu](mailto:Bjhelm2@email.uky.edu)  
<http://www.mc.uky.edu/aging/summerseries/summerseries.htm>

**UK College of Public Health  
Council on Aging  
Ligon House-658 S. Limestone  
Lexington, KY 40506-0442**