

## CAMDA 2004 Vendor Fair Registration

Date: November 11<sup>th</sup> & 12<sup>th</sup>, 2004

Location: Hilton Hotel, Durham, NC, USA.

It is understood that with this registration the vendor listed on page two of this agreement receives the following:

- Complete list of attendees and their email addresses (with their permission)
- 30x60 cloth covered table
- Lunch provided for vendor representatives
- Electrical outlets are available
- One person from each company may attend the conference at no charge (person must register through the CAMDA registration page found at [www.camda.duke.edu](http://www.camda.duke.edu))

Under these terms:

- Setup begins at 9:00 a.m. and tear down must be completed by 5:00 p.m. on Friday, November 12, 2004
- The vendor/company is responsible for shipment of their equipment and supplies before and after the Vendor Fair.
- Duke Bioinformatics Shared Resource is not responsible for clean up or for shipment of vendor materials before, during or after the conference.
- After registration has been received and your reservation has been confirmed by email, there will be a \$50.00 cancellation fee. There will be NO refunds for cancellations after October 31, 2004 or for NO shows.

If you agree to the terms listed above please sign and fax to (919) 681-3494.

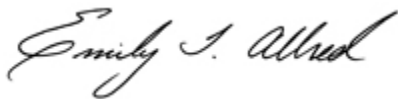
Responsible Party's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

I would like to take a moment to thank you for your registration. I look forward to working with you and your company at the CAMDA'04 Vendor Fair. If you have any questions or comments please feel free to contact me.

Sincerely,



Emily T. Allred  
CAMDA Conference Coordinator  
Duke Bioinformatics Shared Resource  
Duke Comprehensive Cancer Center  
Voice: (919) 668-3412  
Fax: (919) 681-3494  
Email: [camda@mc.duke.edu](mailto:camda@mc.duke.edu)

(PLEASE PRINT)

**Vendor Information:**

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

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Company Representatives Who Will Staff the Exhibit:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Payment Method:**

Check

VISA  MasterCard Credit Card Number \_\_\_\_\_  
(We do NOT accept AMEX or Discover Cards at this time.)

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

How many days do you plan on participating in vendor fair? (please circle)      one      two

Please make checks payable to *Duke Cancer Center* and send to the following address:

Duke Bioinformatics Shared Resource  
Attention: Emily Allred  
DUMC Box 3958  
Durham, NC 27710