



TAKING CONTROL OF YOUR DIABETES 2012 CORPORATE SPONSOR EXHIBITOR RESERVATION AGREEMENT

Please complete and return to TCOYD:

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Indicate with a check mark (☑) in the box to the left of those cities at which you would like to exhibit.

2012 Conference Schedule

<input type="checkbox"/> Washington, DC	February 11	Walter E. Washington
<input type="checkbox"/> Sacramento, CA	March 3	Sacramento Convention Center
<input type="checkbox"/> Honolulu, HI	April 14	Hawaii Convention Center
<input type="checkbox"/> Maui, HI	April 15	Maui Arts and Cultural Center
<input type="checkbox"/> Raleigh, NC	May 19	Raleigh Convention Center
<input type="checkbox"/> Missoula, MT	September, 8	Hilton Garden Inn
<input type="checkbox"/> Des Moines, IA	September 22	Iowa Events Center - HyVee Hall
<input type="checkbox"/> San Diego, CA	October 27	San Diego Convention Center
<input type="checkbox"/> Austin, TX	November, 10	Austin Convention Center
<input type="checkbox"/> Native American	TBD	TBD

**Maui, Missoula, and Native American events will be tabletop displays only (no piped and draped booth spaces.)*

***Corporate sponsors are entitled to agreed upon exhibit space for no additional fee.**

****All booths are furnished with a draped table, two chairs, a wastebasket and an ID sign.**

***** Additional booth space may be purchased for \$2500 per 10'x10' draped booth per event.**

TCOYD requires additional booth space fees to be paid prior to each conference.

Please reserve ___ additional 10'x10' exhibit spaces at \$2,500 each at ___ conference(s) for a total of \$_____.

Indicate by when additional booth space fees will be paid : _____, 2012 (Month/Day).

Agreed: _____

Signature

Print Name

Position

Date

Checks to be made payable to:

Taking Control of Your Diabetes, Tax ID#: 33-0794608
1110 Camino Del Mar, Suite B
Del Mar, CA 92014
Phone: 858.755.5683 FAX: 858.755.6854

Credit Card Payments

Amex Visa MasterCard Discover

Name on card: _____

Billing Address: _____

City/State/Zip: _____

Credit Card #: _____

Exp. Date: ___/___ Signature: _____