



Supporter Exhibitor Application
Symposium Dates: September 28 – 29, 2017
On the campus of California State University San Marcos
San Marcos, CA

ORGANIZATION: _____
CONTACT NAME: _____
E-MAIL: _____
BUSINESS ADDRESS: _____
CITY, STATE, ZIP-CODE: _____
PHONE: _____

ATTENDEE NAME(S) FOR BADGES:

PLEASE INDICATE SUPPORTER LEVEL OR EXHIBITOR:

GOLD SUPPORTER \$5,000 OR MORE: AMOUNT:
SILVER SUPPORTER \$2,500
BRONZE SUPPORTER \$1,500
EXHIBITOR \$1000
 _____ **Additional Meal-only attendees @ \$75**

Please describe your company, service or business: _____

DEADLINES:
 Form Submission – July 31, 2017
 Logo for inclusion in materials (EPS file preferred) – August 11, 2017
 Payment – August 11, 2017
 Ad for program brochure – August 18, 2017 Email file to mbrown@csusm.edu

PAY BY CREDIT CARD: MAIL OR FAX THIS FORM TO NUMBER OR ADDRESS BELOW IF CREDIT CARD IS USED, OR CALL MARIA DIRECTLY AT 760-750-7289 WITH CREDIT CARD INFORMATION

NAME ON CARD _____

CARD NUMBER _____

OR PAY BY CHECK: MAKE CHECK PAYABLE TO:
 CSUSM

MAILING ADDRESS:
 California State University San Marcos
 Maria Brown c/o CSU Institute for Palliative Care
 Commons 109
 333 S. Twin Oaks Valley Road
 San Marcos, CA 92096-0001
FAX: 760-750-3194 - **EMAIL:** mbrown@csusm.edu

Questions? Call Maria Brown at 760-750-7289 or email mbrown@csusm.edu