

OHM

SOCIETY FOR

"Putting nutrition first in medicine and in health."

ORTHOMOLECULAR HEALTH-MEDICINE

2698 Pacific Avenue San Francisco, CA 94115 USA

TEL (415) 922-6462 FAX (415) 346-2519

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EXHIBITOR REGISTRATION

OHM MEETING February 26 – 28, 2010

SAN FRANCISCO Holiday Inn

Hotel Reservations: 415.441.4000. Rate goes up after 1/29/10

PLEASE FILL OUT AND RETURN THIS FORM to OHM

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL/FAX _____

Email: _____

ARRIVE (Date and time): _____ DEPART _____

WILL YOU STAY AT THE HOTEL? YES NO

COST:

BEFORE 29 Jan 10: \$1600

After 1 Feb 10 add \$100.

Registration admits two persons per booth.

Extra tickets available for \$50 each.

Exhibitor SPACE is 6 by 8 feet. Electrical outlets and table cloth included.

Shipping charges are the responsibility of the exhibitor.

Cancellation refundable minus \$100 processing fee.

No refund after February 1, 2010.

Send this form and your check or credit card information to:

OHM 2698 Pacific Ave, SF, CA 94115

Visa/MC (circle) _____ EXP _____

Iga Mosbauer, M.S.

415-922-6462 or 415-828-8442

FAX: 415.346.2519

email: ohmsocietySF@ yahoo.com

www.ohmsociety.com