



**SW Chapter of the American Association of  
Physicists in Medicine / *Federación Mexicana  
De Organizaciones de Fisica Medica***



**JOINT SCIENTIFIC AND PROFESSIONAL MEETING  
MARCH 16 – MARCH 18, 2007 at Queretaro, Mexico**

**VENDOR REGISTRATION FORM**

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

Principal Contact: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**CORPORATE CONTRIBUTION LEVELS**

\_\_\_\_ Exhibitor (\$500) 1 table

\_\_\_\_ Contributor (\$725) 1 or 2 tables

\_\_\_\_ Patron (\$1400) 1 table + *Promotional Demonstration* before or after lunch (\$1400) includes one table and 15 min at podium during one session; + 2nd table is \$1600

**Tabletop Exhibit Space:** *If you desire an exhibit table, you must complete this portion of the form.*

**VENDOR MEETING REGISTRATION**

**Meeting Registration Fee: \$125 Per Additional Person. The registration fee is in addition to the Corporate Contribution Fees (above) and includes all meeting-sponsored coffee breaks and social events.**

**You must complete this form and pay the meeting registration fee to exhibit or attend the meeting.**

Name(s) of Attendees: \_\_\_\_\_

Hotel Reservation(s): Date Arriving \_\_\_\_\_ Date Leaving \_\_\_\_\_

Rate for Single Queen room at Gran Hotel Queretaro is 880 pesos per night. Rate includes free breakfast and internet. Larger rooms and suites are available at higher rates. (Please call Geoff Clarke, see below, for more information)

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**AMOUNT ENCLOSED**

***DUE DATE: February 15, 2007***

*Please  
make  
check  
payable to  
SW-  
AAPM*

- |  |                 |
|--|-----------------|
| 1. Corporate Table(s) Contribution (\$500 or \$725):           | \$ _____        |
| 2. Table(s) plus Promotional Demonstration (\$1400 or \$1600): | \$ _____        |
| 3. Addl. Vendor Representatives _____ @ \$125 each:            | \$ _____        |
| 4. Gran Hotel reservation deposit _____ @ \$100 per room:      | \$ _____        |
| <b>TOTAL:</b>  | <b>\$ _____</b> |

**Mail your completed registration form and check to:**

**Geoffrey D. Clarke, President, SWAAPM  
Department of Radiology, Division of Education  
University of Texas Health Science Center at San Antonio  
7703 Floyd Curl Drive, Rm. 652E, San Antonio, TX 78229-3900**

**Office: 210-567-1361 Mobile: 210-335-8335 FAX: 210-567-5541 e-mail: [clarkeg@uthscsa.edu](mailto:clarkeg@uthscsa.edu)**

For more information see the meeting web page: <http://radiology.uthscsa.edu/grad/fmofm.htm>