

# Exhibitor Information

Please print or type:

Organization Name:	Contact Name:	Title:
Street Address:		
City:	State:	Zip:
Phone Number:	Fax:	
E-mail:	Website:	

Please provide the names of any people staffing the exhibit booth:

1. \_\_\_\_\_ 2. \_\_\_\_\_

List Companies/Organizations that you would prefer not to be near:

(We will try to accommodate requests, but cannot guarantee it)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Payment Information**

Check Payable to: OUF, 2400 Hartman Lane, Suite 300, Springfield, OR 97477

Visa or Mastercard

Type of Credit Card:	Name on Card:	
Credit Card Number:	Expiration Date:	CCV:
Billing Address		
City	State	Zip:

Please complete the following steps:

**1. Make a copy for your records**

**2. Return completed forms by mail or fax to:**

Oregon Urology Foundation  
 c/o Stephanie Kerns  
 2400 Hartman Lane, Suite 300  
 Springfield, OR 97477

Fax: (541) 284-5509