

DDHA EXHIBITOR REGISTRATION

Company_____

Representative/s Attending_____

Contact person_____ email_____ phone_____

Sponsorship Level:	Exhibitor Table	\$200
	Brochure/Registration Form Sponsor	\$300
	Afternoon Snack Sponsor	\$400
	Luncheon Sponsor	\$1000
	Speaker's Travel/Accommodations Sponsor	\$750

Please check CPE date/dates you will be attending – Nov_____ Jan_____ Apr_____

DDHA would greatly appreciate a product donation towards our lunch time raffle.

Please make all checks payable to DDHA and send to:

**Lisa Goss, RDH, BS
DDHA Treasurer
222 Catalina Drive
Newark, DE 19711**

Thank you for your generous support of DDHA!