

Exhibitor Registration Form

2020 *HypnoBirthing*® Educational Symposium!

Company Name _____

Contact person's full name _____

Additional exhibit personnel full name(s) _____

Best phone number to be reached at _____

E-mail address _____

Exhibitor Fees (please check appropriate choice):

Non-Member Exhibitor \$400 _____

HBI Educator/Presenter \$200 _____

Additional Table (per day) \$50 _____

Electrical Service \$25 _____

If you are using a credit card (Please circle one) Visa Master Card American Express

Name as it appears on card _____

Card Number _____ Expiration Date _____

Please email completed forms to: viviankeeler@gmail.com

-OR-

Mail to the following address:

**Vivian Keeler
Exhibit Chairperson
17184 W Dixie Highway
North Miami Beach, FL. 33160
954-610-9754**

****** The HypnoBirthing® Symposium Committee will make space assignments for exhibitors on a first-come, first-serve basis, provided full payment is received at the same time as the application. No assignment will be made until payment has been received.

Thank you for your support!