

CAPTASA Conference

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INVOICE

September 12, 2016

RE: **CAPTASA Conference**

Clinical Applications of the Treatment of Addictions and Substance Abuse
Conference, January 27-29, 2017

Exhibit Fee: \$600.00

Please return this portion with your payment no later than **December 1, 2016**.

Name of Organization: _____

Address: _____

Contact person: _____ Telephone: _____

Email: _____ FAX: _____

Electrical hook-up needed? YES _____ NO _____

Extension cord(s) - number needed _____ @ \$15 each Total \$_____

Other special requests: _____

NAMES OF ATTENDEE(S) AND CREDENTIALS:

- 1. _____ (\$600)
- 2. _____ (add \$175)
- 3. _____ (add \$175)
- 4. _____ (add \$175)

Number attending Banquet: _____ (no additional fee) - **MUST BE MARKED**

Copy of Presentation Handouts (\$35): _____ Yes _____ No How many: _____ Total: \$_____ (not available for purchase at the conference)

TOTAL DUE FOR EXHIBITOR FEE: \$ _____ (# people attending, # handouts, # extension cords)

*****Please make check payable to CAPTASA Conference. Thank You!***