

**CAPTASA Conference**  
PO BOX 6663  
Louisville, KY 40206  
(502) 548-7244

**INVOICE**

August 30, 2024

TO: CAPTASA Exhibitor

RE: C A P T A S A Conference  
Clinical Applications of the Treatment of Addictions and Substance Abuse  
Conference, January 24-25, 2025

Exhibit Fee: \$600.00

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Please return this portion with your payment no later than **November 20, 2024** Thank you!

Name of Organization: \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Electrical hook-up needed? YES \_\_\_\_\_ NO \_\_\_\_\_

Other special requests: \_\_\_\_\_

NAMES OF ATTENDEE(S) AND CREDENTIALS:

\_\_\_\_\_ (\$600)

\_\_\_\_\_ (add \$300)

\_\_\_\_\_ (add \$300)

\_\_\_\_\_ (add \$300)

Number attending Banquet: (\$35 each) \_\_\_\_\_ ) - MUST BE MARKED

**TOTAL DUE FOR EXHIBITOR FEE: \$ \_\_\_\_\_**

***\*\*Please make check payable to CAPTASA, Inc. Thank You!***