



NOTICE OF INTENT TO PARTICIPATE (Exhibit Hall Promotions)

The 9th International Biennial National Lymphedema Network Conference
*Lymphedema: Breaking Through the Barriers:
Research, Education And Practice*
September 22 – 26, 2010 ♦ Hilton Bonnet Creek, Orlando, FL

OPTION 1. EXHIBIT HALL PROMOTIONS

Level of commitment for 2010 NLN Conference:

My company will participate in the amount of: \$_____.

Promotion Category:

Funds to be applied toward the following Exhibit Hall Promotion Opportunity(ies):

1. Description: _____
In the amount of: \$_____
2. Description: _____
In the amount of: \$_____
3. Description: _____
In the amount of: \$_____

Other (please specify): _____

OPTION II. EXHIBIT SPACE

- We **also** wish to purchase exhibit space. Please send an *Exhibitor Application*.
- We will **only** purchase exhibit space this year, no interest in the additional exhibit hall promotion opportunity.
- We do **not** wish to participate as an exhibitor in any capacity this year.

THIS SECTION MUST BE COMPLETED.

_____ Company Name	_____ Name of Company Representative
_____ Mailing Address	_____ Signature of Company Representative
_____ City, State, Zip+4	_____ Phone Number
	_____ Fax Number

**Exhibit Hall Promotion Opportunities and Exhibit Space
are available on a first-come, first-served basis.
PLEASE FAX THIS FORM TO: (415) 908-3681. Thank you.**



2010 NLN EXHIBIT HALL PROMOTION OPPORTUNITY

PAYMENT INFORMATION

9th International NLN Conference
Lymphedema: Breaking Through the Barriers:
Research, Education And Practice
September 22 – 26, 2010
Hilton Orlando Bonnet Creek * Orlando, FL

REQUIRED: To complete your 2010 NLN Conference Exhibit Hall Promotion Application and secure your selection, please fill in the payment information below and submit this sheet, along with your application and 50% of your payment to:

National Lymphedema Network, Inc.
NLN 2010 Conference Secretariat
116 New Montgomery Street, Suite 235
San Francisco, CA 94105

PAYMENT INFORMATION

Enclosed (U.S. Funds):

- 50%** (Due at time of submission of Notice of Intent to Participate)
- 50%** (Due May 15, 2010)

Payment Type:

- Check enclosed** in the amount of \$ _____.
Please make checks payable to the *National Lymphedema Network or NLN.*

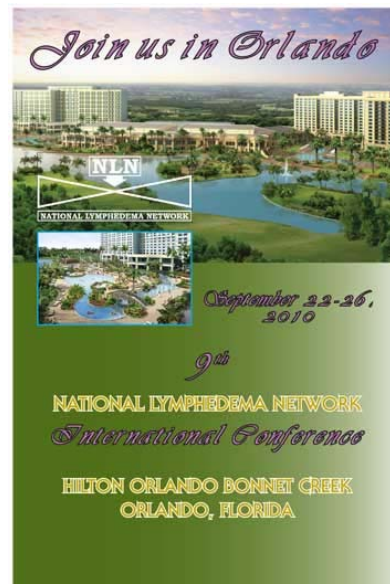
- Please **charge** the deposit in the amount of \$ _____ to my:



Card Number _____

Expiration Date ____/____

Authorized Signature of Cardholder _____



THANK YOU

Thank you so much for your commitment to participate in the 9th International NLN Conference. We are extremely pleased to provide our potential exhibitors with a unique and rare opportunity to reach a very specialized international audience of professionals: physicians, scientists, lymphologists, geneticists, wound care specialists, nurses, and physical, occupational and massage therapists. Biennial international NLN conferences bring together top experts in the field of lymphedema research and therapy for 4.5 days of intensive education, networking and information exchange. Your participation plays an integral part in the continued rapid evolution and growth of this field, both in the United States and abroad. *Anticipated attendance: 800+ registrants.*

If you have any questions, please direct them to:

NLN 2010 Conference Secretariat
116 New Montgomery Street, Suite 235
San Francisco, California 94105
Tel: (415) 908-3681 **Fax:** (415) 908-3813
Email: 2010conf@lymphnet.org
Website: www.lymphnet.org