



**American College of Correctional Physicians Exhibitor Table Request:**

Company Name: \_\_\_\_\_

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*EXHIBIT REGISTRATION*

Representative in charge of the exhibit:

Name: \_\_\_\_\_

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**Signature:** \_\_\_\_\_

Please make checks payable to the American College of Correctional Physicians and send with Exhibit Form to: **American College of Correctional Physicians, Attn: Christine Westbrook, 14 Coves End Rd, Marion, MA 02738.**