



“Charity in Truth”

Where NURSING, MINISTRY and CATHOLIC MISSION meet...

Exhibitor Table Request Information

EXHIBITOR TABLE REQUEST FORM

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Table Fee (check one): - One (1) Day = \$50.00 | - Two (2) Days = \$100.00

Exhibitor Signature (required): _____ Date _____

Purpose of Exhibition

Comments: _____

Committee Conference Use:

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*Mailing Address: Richard Zazycki, NACN-USA Treasurer - c/o Circles of Mercy - 11 Washington St. - Rensselaer, NY 12144
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