

Office of Continuing Medical Education

Exhibitor Space Application

Texas Heart Institute
The Denton A. Cooley Building
6770 Bertner Avenue
Houston, Texas

Company name (as it is to appear on table	-top identificatio	on sign)
Address		
Contact person		
		Phone
Representative(s) attending symposium: If notify us.	representative(s) change (or if names are not available at this time), please
Name		Name
Address		Address
		Telephone
s electricity needed for your booth?	[] Yes	[] No
Product information: List products to be e	xhibited during	this meeting:
ndicate companies with which you wish to	o avoid close pro	oximity:

Fax or mail completed form to the Office of Continuing Medical Education.

Mailing Address:

Texas Heart[®] Institute
Attn: Office of Continuing Medical Education
PO Box 20345, MC 3-276
Houston, TX 77225-0345

Physical Address (for Fed Ex/shipping):

6770 Bertner Avenue Suite C550 Houston, TX 77030

Phone: 713-218-2121 **Fax**: 713-218-2229