



**2015 INTEROPERABILITY EXHIBITION INFORMATION FORM**

Please provide the following information to be used on your kiosk or tabletop sign and in the handouts. When completed please email to [conference@redwoodmednet.org](mailto:conference@redwoodmednet.org) or fax to 707.462.5015.

**Demonstration Title for Kiosk Sign:**

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**Organization Name for Kiosk Sign:**

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**Exhibitor Type:**

Non-Commercial

Commercial

**Demonstration Type:**

Provider x Provider

Provider x Patient

**Standards demonstrated:**

Directory Services

Direct Messaging

HL7 FHIR

C-CDA

IHE PIX/PDQ or XDS

IHE XCPD, XCA, XDR

**Synopsis of demonstration:**

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.....  
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**Other organizations participating in the demonstration:**

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**URL for Exhibitor Organization Web Sites:**

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**Contact Information for Questions About the Demonstration:**

First Name: .....

Last Name: .....

email: .....

Cell Phone: .....

First Name: .....

Last Name: .....

email: .....

Cell Phone: .....

## Exhibitor Registrations

Please complete to register exhibitors for the conference. Each kiosk includes one complimentary conference registration. A kiosk exhibitor may purchase up to three additional registrations at \$200 each. Pre-conference dinner tickets may be purchased at \$75 each.

First Name: ..... Last Name: .....  
Clinical or Graduate Degree(s): ..... Position/Title: .....  
Company: ..... Address: .....  
City: ..... State: ..... Zip: .....  
email: ..... Phone: .....  
*pre-conference dinner (\$75):*  *meat*  *vegetarian*  *alternative selection:* .....

### Additional registrations at \$200 each

First Name: ..... Last Name: .....  
Clinical or Graduate Degree(s): ..... Position/Title: .....  
Company: ..... Address: .....  
City: ..... State: ..... Zip: .....  
email: ..... Phone: .....  
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