EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN September 7, 2018**. Additional registrations over the 2 badge allotment will be assessed a \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges. *Additional badges over the allotment will be charged \$100 per badge.*

New England Surgical Society

Return to:

industry@nesurgi	cal.org or Fax: 978	-524-0461			
Company Name:					
Street Address:					
City/State/Postal Code/Country: _					
Registrant #1: The official in char	ge of the booth(s) o	n-site will be:			
Name:					
Phone: Registrant #2: Two complimentar	Fax:		Email:		
Registrant #2: Two complimentar other than the on-site official conta		ncluded in your e	xhibit package.	Please list the ren	naining registrant
Name:					
	MERICAN EXPRESS	MasterCard		VISA	
Card #:		Sec	urity Code:	EXP:	
□ Secure Fax: + 978.524.0461 Th □ Please check if credit card billing □ If billing address is not the same Exhibitor certifies that the named prissued to representatives of leasing admittance for the purpose of make registration at General Registration Should anyone request a different contact category. i.e. physician, distribution cannot register as an exhibitor, but	nis form must be fag address is same as please enter below person(s) meet your companies, financiating contacts other to. All people registrompany or organization, non exhibiting	axed if credit ca as contact inform v. eligibility qualific al institutions, pu than in our exhib ered under your tion name on thei industry. Should	rd number is s ation at the top cations. I furthe blishers, suppli- it. Exhibitors m company name r badge they will anyone from yo	of the form. r understand that beers, vendors, or other any not register any must be employeed be asked to pay the our company reques	EMAIL. adges are not to be ers who wish to gain person eligible for s of your company. e full attendee fee for st CME credits, they
Signature:			Da	te:	