



Save the Date

99TH
ANNUAL MEETING
NEW ENGLAND SURGICAL SOCIETY

SEPTEMBER 21-23, 2018
WESTIN PORTLAND HARBORVIEW
PORTLAND, ME

PRODUCT DESCRIPTION FORM

PLEASE SUBMIT BY August 17, 2018

Company Name: _____

Contact Name: _____

Telephone: _____ FAX: _____

Email: _____

PROGRAM BOOK LISTING

Please email a 50-word product description to industry@nesurgical.org, to be included in the Final Program Book. When emailing the description please include the following:

1. "NESS" in the subject line of your email
2. Company Name
3. Mailing Address
4. Appropriate contact email address
5. Company website address
6. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

Email or fax this form by August 17, 2018 to 978-524-0461 or to industry@nesurgical.org