



**EXHIBITOR
BADGE
REGISTRATION
FORM**

Please list the names of all representatives who will represent your company at the SPSSCS 25th Anniversary Meeting. Registration for up to two representatives per table is included in the exhibit fee. An additional \$300 registration fee (\$350 on-site) is required for an additional representative. A maximum of three representatives per 6' table. Only two representatives are permitted at a time.

Return the completed form via email to lauren@surgery.org or fax to 562.799.1098. **Deadline: March 16, 2019.**

Company Name: _____

Name: _____ Included

Name: _____ Included

Name: _____ Additional Fee (\$300 in advance/\$350 on-site)

DO NOT COMPLETE THE BELOW UNLESS YOU ARE ORDERING MORE THAN TWO (2) BADGES.

Complete the below if additional badges are required or if submitting after March 16, 2019.

Please charge the full amount to: Mastercard Visa American Express

Credit Card # _____ **Expiration Date:** _____

Name of Cardholder: _____ **Billing Zip Code:** _____

Signature: _____ **Date:** _____

Return completed form no later than March 16, 2019 to: lauren@surgery.org or via fax to 562.799.1098.
Forms received after March 16, will be processed on site for an additional fee of \$350 per badge – no exceptions.