



EXHIBIT RESERVATION FORM

The company name as shown on this form will appear in all SPSSCS promotions/publications. Please use appropriate capitalization. Reservation form will not be processed without payment. Return completed application form via email to lauren@surgery.org or fax to 562.799.1098.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Website: _____

Company Contact — Responsible for coordination and communication with SPSSCS. All exhibit related information will be sent to the person listed below.

Name: _____ Title: _____

Phone: _____ Email: _____

Hall Tabletop @ \$1,750 each

Number of tables _____ X US \$1,750 = \$_____ (Two representatives per table included)

Additional representative(s) _____ X US \$300 = \$_____ (Limit three representatives per table)

TOTAL ENCLOSED \$_____

Goodie Bag Commitment

Yes, our company will provide **250** product samples for the meeting Gift Bags Product samples must arrive at the SPSSCS Office before **April 5, 2019** for inclusion.

No, our company would not like to donate product samples.

Liability: The exhibitor assumes full responsibility for losses and damages to exhibitor displays, equipment and other property brought upon the premises of the meeting. Neither SPSSCS nor the Ernest N. Morial Convention Center guarantees or insures the exhibitor against loss or damage of any type. Exhibitor is required to maintain sufficient liability insurance covering all losses, damages and claims arising out of the exhibit, including claims against SPSSCS or the Ernest N. Morial Convention Center shall indemnify and hold such parties harmless for any losses, damages, and claims.

All cancellations must be sent via email to lauren@surgery.org. Table fee will not be refunded unless the cancellation is received prior to March 16, 2019. There will be a 15% administrative fee of the total table cost for ALL refunds/cancellations. Any cancellations received after March 16, 2019 will not be refunded.

Full payment is required with agreement. Method of Payment - Please check one

Check # _____ enclosed. All checks must be made out in US Dollars and made payable to SPSSCS. All checks must be mailed to: SPSSCS, 11262 Monarch Street, Garden Grove, CA 92841

Please charge the full amount to to: Mastercard Visa American Express

Credit Card # _____

Name of Cardholder: _____

Expiration Date: _____

Billing Zip Code: _____

I have read the Exhibitor Guidelines/Liability information and my company's representatives and I agree to adhere to this policy.

Signature: _____

Date: _____