

# EXHIBIT RESERVATION FORM

## The Society of Plastic Surgical Skin Care Specialists – 16th Annual Meeting

April 21 – 22, 2010 • Gaylord National Hotel & Convention Center, Washington DC

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web site Address: \_\_\_\_\_

### Yes, we will exhibit at the SPSSCS 16th Annual Meeting.

#### Standard Tabletop @ \$1,300 each

Number of Standard Tables Qty \_\_\_\_\_ X \$1,300 = \$ \_\_\_\_\_ (Two representatives per table included)

Additional Rep(s) \_\_\_\_\_ X \$ 175 = \$ \_\_\_\_\_ (Limit three representatives per table)

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Will require electricity:  No  Yes (Hotel Electrical Forms will be sent to you.)

**Representatives:** Please list the names of all representatives who will be at the SPSSCS 16th Annual Meeting in conjunction with your exhibit. Registration for up to **two representatives per table** is included in the exhibit fee. An additional \$175 registration fee (\$225 on-site) is required for an additional representative. Maximum three (3) representatives per 6' table.  
(Please type or print neatly)

Rep. In-Charge Name: \_\_\_\_\_ (Included)

Name: \_\_\_\_\_ (Included)

Name: \_\_\_\_\_ (\$175 Reg. Fee - \$225 On-Site)

### Goodie Bag Commitment

Yes, our company will provide 350 product samples for the meeting "Goodie Bags." Product samples must arrive at the **SPSSCS Central Office** before **March 5, 2010** for inclusion in the Goodie Bags.

### EXHIBIT DESCRIPTION

Specific product(s) or items you will display: \_\_\_\_\_

**On the back of this form or via email to [jleachman@surgery.org](mailto:jleachman@surgery.org) — very briefly (50 word maximum) describe your company.**

**This will be printed in the on-site program if provided by February 19, 2010.**

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 Gaylord National Hotel & 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 Gaylord National Hotel & Convention Center shall indemnify and hold such parties harmless for any losses, damages, and claims.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment:**  Check/Bank Draft # \_\_\_\_\_ Payable to SPSSCS

MasterCard  VISA  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

**Exhibitor Booth Description — 50 Words or Less — Subject to Editing**

Please email your description to [jleachman@surgery.org](mailto:jleachman@surgery.org) by Friday, February 19, 2010.

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**This Space for Office Use Only**