

# REGISTRATION & OPPORTUNITIES FORM



## EXHIBITOR REGISTRATION FORM

2018 INSTRUCTIONAL COURSE & ANNUAL MEETING  
DECEMBER 5–8, 2018

Industry Workshop Registration Deadline: **September 1, 2018**  
Workshop Refund Deadline: **October 2, 2018**  
Booth Refund Deadline: **October 2, 2018**

Contact: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Name (as it will appear in final program): \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

### EXHIBIT BOOTH

(1) One 6-foot skirted table  \$3,000 (2) Two 6-foot skirted tables  \$6,000  
(3) \_\_\_\_\_ Additional Representatives - \$850 each before Oct. 15, after Oct. 15 \$950 each

Total Exhibit Booth(s) and Additional Representative Fees: \$ \_\_\_\_\_

Onsite Rep 1: \_\_\_\_\_ Email: \_\_\_\_\_

Onsite Rep 2: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Reps: \_\_\_\_\_

### SUPPORT OPPORTUNITIES

Annual Meeting Grant (Indicate Amount)  \$ \_\_\_\_\_  
Instructional Course Grant (Indicate Amount)  \$ \_\_\_\_\_  
Named Research Grant  \$100,000  
Resident Fellow Research Grant  \$ 15,000  
Traveling Fellowship Support  \$ 25,000  
Breakfast Sponsor (Sat., Dec. 8)  \$ 5,000  
Access to Wi-Fi  \$ 10,000  
Hotel Guest Room Key Cards  \$ 5,000  
E-Poster Kiosk  \$ 5,000

Program-at-a-Glance  
Back outside cover—full color  \$ 4,000  
Back inside cover—full color  \$ 3,000  
One-page interior—full color  \$ 2,500  
Company flier  \$ 1,500  
(inserts in registration packets)  
Lanyards  \$ 5,000  
Industry Workshop (Thurs., Dec. 6)  \$ 20,000  
Industry Dinner (Thurs., Dec. 6)  \$ 20,000

#### We Agree (Industry Workshop and Industry Dinner)

- By submitting this registration form, we hereby apply, subject to terms of CSRS printed rules and regulations, for workshop and dinner space for our occupancy.
- Should we cancel the workshop or dinner prior to Oct. 2, 2018, a refund of our application fee will be subject to a 25% administrative fee. Should we cancel after Oct. 2, 2018, we will forfeit the entire cost of the workshop. We agree that all cancellations and refund requests be in writing.

Full payment is required in U.S. funds only. Signed Conditions of Contract to Exhibit and payment must accompany this form to guarantee your space.

### PAYMENT METHOD

Check enclosed (US dollars drawn on a US Bank made payable to "Cervical Spine Research Society")

Credit Card  AMEX  MasterCard  Visa

Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Total Amount to be Charged \$ \_\_\_\_\_

Questions? [csrs@aaos.org](mailto:csrs@aaos.org) or 847.698.1628; 9400 W. Higgins Road, Suite 500, Rosemont, IL 60018