

REGISTRATION & OPPORTUNITIES FORM



FOUNDED 1973

EXHIBITOR REGISTRATION FORM

2019 INSTRUCTIONAL COURSE – NOVEMBER 20, 2019
ANNUAL MEETING – NOVEMBER 21–23, 2019

Industry Workshop Registration Deadline: September 1, 2019

Workshop Refund Deadline: October 2, 2019

Booth Refund Deadline: October 2, 2019

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 (Indicate Amount) \$ _____

Access to Wi-Fi \$ 15,000

Hotel Guest Room Key Cards \$ 7,500

Program-at-a-Glance Advertisement

Back outside cover—full color \$ 4,000

Back inside cover—full color \$ 3,000

One-page interior—full color \$ 2,500

E-Poster Kiosk \$ 5,000

Company Flier \$ 1,500

(inserts in registration packets)

Badge Holders \$ 7,500

Bags \$ 7,500

Charging Stations \$ 10,000

Industry Workshop (Thurs., Nov. 21) \$ 20,000

Industry Dinner (Wed., Thurs, or Fri.) \$ 20,000

(circle one)

TOTAL \$ _____

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, 2019, a refund of our application fee will be subject to a 25% administrative fee. Should we cancel after Oct. 2, 2019, 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 or 847.698.1628; 9400 W. Higgins Road, Suite 500, Rosemont, IL 60018