

REGISTRATION & OPPORTUNITIES FORM



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) \$ _____
Registry Grant \$ 85,000
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

Access to Wi-Fi \$ 15,000
E-Poster Kiosk \$ 5,000
Company Flier (inserts in registration packets) \$ 1,500
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? info@csrs.org or 414.918.9834; 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202