

17th Annual Peripheral Angioplasty and All That Jazz

EXHIBITOR BADGE FORM

| | |
|---------------|---------|
| Company Name: | |
| Contact Name: | Title: |
| Phone: | E-mail: |

REPRESENTATIVES ATTENDING (Please Print Clearly)

Each 10' x10' booth includes 3 complimentary badges. The cost of each additional badge is \$350. To obtain preprinted badges, please submit your representatives' names by April 27, 2008. Representatives who register on-site for badges will be charged and badges will not be issued without payment. Replacement badges require a letter from the original attendee authorizing the substitution; otherwise, there will be no substitution/name change/replacement of badges. Please advise your representatives of this policy.

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|----|------------|-----|-------|
| 1. | (Included) | 7. | \$350 |
| 2. | (Included) | 8. | \$350 |
| 3. | (Included) | 9. | \$350 |
| 4. | \$350 | 10. | \$350 |
| 5. | \$350 | 11. | \$350 |
| 6. | \$350 | 12. | \$350 |

PAYMENT INFORMATION

Check (Please make check payable to Complete Conference Management Escrow)

Visa MasterCard American Express

| | | |
|--------------------------------|------------------|--------------------|
| Card Number: | Expiration Date: | VCode (Visa Only): |
| Name as it appears on card: | | |
| Authorized Signature: | Date: | |
| Amount to be Charged/Enclosed: | | |

Please fax or mail this form to:
Complete Conference Management
Attention Registration
11440 North Kendall Drive, Suite 306
Miami, Florida 33176
Phone: 888-334-7495 or 305-279-2263; Fax: 305-279-8221

Or e-mail to: mpadron@ccmcme.com