

EXHIBIT REGISTRATION



Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Website: _____

Contact Name: _____ Title: _____

Contact E-mail (required): _____ Contact Mobile: _____

Person designated to receive attendee list: _____ E-mail: _____

BOOTH & PRODUCT INFORMATION

- 8' x 10' Booth (includes three complimentary badges) – **\$7,500**
- 8' x 20' Booth (includes six complimentary badges) – **\$15,000**
- Table-top: Publisher (includes two complimentary badges) – **\$2,000**

Product/Equipment Being Displayed: _____

List any companies you would like to be near: _____

List any companies you would Not like to be near: _____

PAYMENT INFORMATION

- Visa MasterCard American Express Check (See Terms of Payment)

Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it appears on card: _____

Billing Address (as it appears on your bill): _____

Authorized Signature: _____ Date: _____ **Total Charge:** _____

Terms of Payment

Final payment must be received by September 19, 2011, or exhibit space will be reassigned and the exhibitor will forfeit all deposits paid.

Checks must be made payable to Complete Conference Management Escrow (Tax ID 65-0768718) and mailed, along with this form, directly to:

Complete Conference Management
Attention Registration
11440 N. Kendall Drive, Suite 306
Miami, FL 33176

Cancellation Policy

Cancellations received in writing on or before September 19, 2011, will be refunded the exhibit amount less a 10% administrative fee. No refunds will be granted after September 19, 2011, or for space left unoccupied during the Peripheral Angioplasty and All That Jazz.

Authorized Signature: _____ Print Name: _____

Date: _____ Title: _____

Acknowledgement: Completion of this Application/Contract for exhibit space and other items indicates that the applicant understands and agrees to abide by all the contract terms and conditions set forth in the Exhibitor Prospectus, and to submit payment of all balance due by September 19, 2011, as stated on the Terms of Payment.

Please submit this form along with payment to:

Complete Conference Management
11440 N. Kendall Drive, Suite 306, Miami, Florida 33176
Fax: 305-279-8221

IF FAXING THIS FORM, PLEASE DO NOT MAIL

Questions? 888-334-7495 or 305-279-2263 • kcubilla@ccmcm.com • www.allthatjazz.org