

**35th Annual Meeting of the
Southern Association for Vascular Surgery
January 19 – 22, 2011
Ritz-Carlton, Naples, FL**

EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN December 13, 2010**. Changes may be made at no charge until this date. Any changes or additional registrations must be made onsite and will be charged \$25 per badge at registration. Additional registrations over the 2 badge allotment will be assessed a \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: **Southern Association for Vascular Surgery**
Attn: Jennifer Gecawicz
900 Cummings Center, Suite 221-U
Beverly, MA 01915
Fax: 978-524-0498

Name of Exhibiting Company: _____

Registrant #1: The official in charge of the booth(s) on-site will be:

Name: _____

Phone: _____ Fax: _____ Email: _____

Registrant #2: Two complimentary registrations are included in your exhibit package. Please list the remaining registrant other than the on-site official contact listed above.

Additional exhibit representatives at \$100 per representative:

Please charge my:



Name on Card: _____

Card #: _____ Exp _____ Sec. Code _____

(3-4 numbers on front or back of

card)

Signature: _____

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

Street Address _____

City/State/Postal Code /Country _____

Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category. i.e. physician, distributor, non exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. i.e. physician, nurse, physician's assistant.

INITIALS: _____