

ARTHROSCOPIC SURGERY 2012
Robert W. Metcalf, MD Meeting
Scottsdale, AZ ~ January 13-17, 2012

REGISTRATION FORM – TECHNICAL EXHIBITS

Date _____

Company _____

Exhibit Contact Person _____

Title _____ Email _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Number of Booths Required _____

Booth Selection Choices (1) _____, or (2) _____, or (3) _____

Total 10' x 10' booths required at \$2500 per booth _____

TOTAL FEE _____ **Amount remitted (50% deposit of total fee)** _____

Full amount due by December 31, 2011 _____

Yes, my company would be interested in sponsoring the following event:

- Tote Bags - \$5,000
- Refreshment Break(s) - \$4,000
- Hot Beverage Station(s) - \$2,500
- Lanyards - \$700
- Unrestricted Educational Grant

Final list of attending reps due January 1, 2012

Please make check payable to: **ORTHOPEDIC SURGERY SEMINARS, INC.**

Please send deposit and registration form to:

sue.duncan@hsc.utah.edu or fax: 801/587-7149

MC/Visa/AMEX/Discover Number _____ **Exp.** _____

Signature for Credit Card Charges _____