

EXHIBIT REGISTRATION

Pennsylvania Orthopaedic Society

*FOOT / ANKLE & SPINE: Minimizing Complications & Maximizing Outcomes
May 20-22, 2010*

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR EXHIBIT CONTRACT. Each company may have a maximum of **four (4)** representatives in the exhibit area.

POS Tax ID Number – 23-2184602

Company Name: _____

1. Representative Name: _____

2. Representative Name: _____

3. Representative Name: _____

4. Representative Name: _____

Electrical Requirements

Please indicate:

- We do not require electricity.
- We require ____ standard electrical outlets. (*additional \$25 per day*)

Please indicate whether you will place a high back display behind your table.

- Yes
- No

Please return registration form and exhibit contract with payment to:

Susan M. Sands

Pennsylvania Orthopaedic Society

510 North Third Street, 3rd Floor

Harrisburg, PA 17101-1111

Fax: 717/909-8906

If you have questions, please call Susan Sands at 888/772-7900 or email:
susan@paorthosociety.org

Cancellation Policy – There will be a \$50 processing fee for registration cancellations received before April 30, 2010. Refunds will not be granted for cancellations received on or after April 30, 2010.



EXHIBIT CONTRACT

Pennsylvania Orthopaedic Society

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May 20-22, 2010

Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Support (one table, two tables, silver, gold, platinum):

Amount of Support:\$ _____ Number of Tables: _____

Exhibit Space

(The following fees are waived with a minimum \$5,000 support of any event(s) below)

_____ **One 6' Exhibit Table @ \$1,850** _____ **Two 6' Exhibit Tables @ \$3,500**

We will exhibit on (check all that apply): _____ Thursday, _____ Friday, _____ Saturday

Additional electrical outlet charge : _____ days @ \$25 per day = \$_____

Available Event Support Opportunities

Silver Level Exhibitor	\$5,000
Gold Level Exhibitor	\$7,500
Platinum Level Exhibitor	\$10,000
Educational Grant (amount at company discretion)	\$_____

Silver, Gold, and Platinum Level Exhibitors will be given two six-foot display tables (unless otherwise noted), special recognition in the program book, different colored ribbons on their name badges, and signage denoting their support.

Call about being our one and only 2010 golf tournament supporter!

Events Included with Exhibit Fee – Entitled to 4 Company Representatives:

Registration fee includes: Admission to scientific sessions, continental breakfasts, coffee breaks, exhibit hall entrance and Wednesday evening reception (attendee and one guest) at no charge.

REGISTRATION IS REQUIRED FOR ALL EVENTS. PLEASE INDICATE THE NUMBER ATTENDING EACH EVENT IN THE APPROPRIATE SPACE.

Wednesday Night Reception: _____ @ \$ 0 \$ _____

Friday Golf Tournament: _____ @ \$225ea \$ _____

Friday Dinner: Adults ____@ \$95ea + Children (5-12) ____@ \$30ea \$ _____

TOTAL \$ _____

Player/s: _____

Contact phone/email _____

Method of Payment

- CHECK enclosed made payable to POS
 CREDIT CARD: _____ Amex _____ Visa _____ MC

Card Number: _____

Exp Date: _____ Security Code: _____

Signature _____