



EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN December 5, 2017**. Additional registrations over the 2 badge allotment will be assessed at \$100 per badge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: industry@savs.org or Fax: 978-524-0461

EXHIBITING COMPANY: _____

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

Name: _____

Phone: _____ **Email:** _____

Registrant #2 Name: _____

Additional exhibit representatives at \$100 per representative:

Please fax all credit card payments to 978-524-0491. DO NOT EMAIL.

Please charge my:   

Card #: _____ **Security Code** _____ **Exp** ____/____

Card Holder Name: _____ **Signature** _____

Street Address _____ **City/State/Postal Code** _____

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. Example: physician, nurse, physician's assistant.

Signature: _____ **Date:** _____