

2023 EXHIBIT BOOTH REGISTRATION

The 107th Annual Ohio Foot and Ankle Scientific Seminar

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| Company Name: | Service/Product: |
|--|--|
| Primary Contact Name: | Phone: |
| Mailing Address: | Fax: |
| Primary Contact Name: Mailing Address: Contact Email: Company Contact Information for Exhibitor I | Website: |
| Contact Email: | Email Address for Post-Show List: |
| Company Contact Information for Exhibitor I | Directory (name, address, phone, email): |
| Brief description of product(s)/service(s) | to be exhibited. Information may appear in marketing materials and handouts. |
| (25 words maximum): | |
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| | |
| THE UNDERSIGNED CERTIFIES THAT HE | /SHE IS AUTHORIZED TO CONTRACT IN THE NAME OF THE EXHIBITING COMPANY. |
| Signature: | Date: |
| | |
| Premium Booth (10'x8'), location | on outside of lecture hall - <i>limit 6:</i> |
| | on in Easton Ballroom - Exhibit Hall |
| | <u>Before</u> April 7, 2023: \$1,200 <u>After</u> April 7, 2023: \$1,450 |
| Door Prize Donation for <i>Friday's</i> | s Marketplace Luncheon. List the item to be dropped off at the registration |
| desk during the seminar): | |
| | Resident Scientific Paper and Poster Competition (may be cash prize, . List item to be dropped off at the registration desk during the seminar): |
| | |
| gift card or company product) | Representative 2: |
| Additional Name Tags \$45/each: 1: | 2: |
| <u>I will be paying by:</u> Check Maste | erCard Visa Discover American Express |
| Card #: | S or 4 Digit Security Code: |
| Name on Card: | Billing Address: |
| \$ (Booth) + \$ (A | Additional Name Tags \$45 each -2 exhibitor name tags issued per booth) |
| + \$ (Pre-Seminar Registration | n List \$100 <i>if applicable</i> for non-sponsors/prize donors = Total |
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