ACADEMY OF SURGICAL RESEARCH

35th Annual Meeting
September 25-27, 2019

Hilton Clearwater
Clearwater, FL

CONTRACT FOR EXHIBITION

Company Name:		
Contact Name		
Address1		
Address 2		
City, State, Postal Code		Country
Phone Number	Email	**Email address of person requiring confirmation if other than attendee**
Fax Number	Website	

☐ **Total Enclosed @ $995/booth space**
(includes 6'X30" table top and 2 chairs)

Each exhibitor is entitled to two (2) complementary conference registrations. Additional booth personnel for exhibits are only $100.00 each.

List exhibitors you do not want to be located adjacent to (the Academy will do its best to accommodate this request)

Cancellation policy can be viewed on our website

www.surgicalresearch.org

1st complementary Registration	Email
2nd Complementary Registration	Email

Payment Information

Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the ASR.

Please remit to:

ASR
15490 101st Ave N #100
Maple Grove, MN 55369

Phone: 763.235.6464
Fax: 763.235.6461

☐ Check Credit Card Type: ☐ AMEX ☐ MC ☐ Visa ☐ Discover

Card Number	Expiration Date
Cardholder Billing Address	Card Code
City, State, Zip	

To submit this form via our Secure Data site, first fill out the form and save it to your desktop then go to Secure Data Upload website (https://lock.securedataupload.com) Log in with user name **asr** and password **as321** *(password is case sensitive) Skip directly to Step 3!* Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.