





4455 Douglas Avenue Suite 11E Riverdale, NY 10471 800-987-9314

March 2017

Dear Valued Industry Partner:

The exhibit hall for the AVIDsymposium has been finalized and we are now open for registration. We invite you to review the enclosed floor plan for the exhibiting area. We think you will be pleased with exhibiting on both days of the meeting. We look forward to your participation in the 2017 meeting.

South Corridor, 2nd Floor Friday, November 17, through Saturday, November 18, 2017

8'x10' space = \$3,500; Fee includes 3 complimentary registrations to the AVIDsymposium scientific sessions, and are for non-clinical company representatives only.

Space assignment is on a first come, first choice basis and payment must be received at the time of registration to secure your preferred exhibit location. Please note that due to logistic considerations, the Organizing Committee will make the final determination as to space assignment.

Please contact me, Steven Feld, with any questions by phone at (917) 446-9818, or via E-mail at sfeld@veithsymposium.org.

Thank you for your continued support of AVIDsymposium. We look forward to a successful meeting again this year, one that not only meets, but exceeds your educational and exhibiting expectations.

Sincerely,

Steven J. Feld, Associate Director

AVIDsymposium

Phone: (800) 987-9314, ext. 300

Jackie Simpson, Managing Director AVIDsymposium

Phone: (845) 368-0069

Fax: (845) 368-2324

George Berdejo, BA, RVT, FSVU Chairperson, AVIDsymposium

Natalie Marks, MD, RVT Chairperson, AVIDsymposium

Industry Registration Form



8x10 Display Friday, November 17 to Saturday, November 18, 2017

☐ Friday and Saturday (3 complimentary badges)

South Corridor, 2nd Floor

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EXHIBIT FEE: Exhibit Fee is nonrefundable after September 5, 2017. Exhibit Fee includes full access badges to the scientific sessions for 3 non-clinical company representatives.

Please note: Payment must be received upon submission of this form to secure your preferred exhibit location.

\$3,500

1st Choice _____ 2nd Choice _____ 3rd Choice _

New York Hilton-Midtown

1335 Avenue of the Americas, New York, NY 10019 (between 53rd and 54th Streets)

Company Name			Federal Tax ID Number	Inquiries:
Contact Per	rson			Steven Feld Phone: 800-987-9314 x300 or Cell: 917-446-9818
Company A	ddress			E-mail: sfeld@veithsymposium.org Copy to
City		State	Zip Code	exhibits@veithsymposium.org
Office Phone		Fax #	Cell Phone #	If paying by credit card, please return completed form with credit card information by e-mail or fax to 845-368-2324
E-mail Addre	ess			If paying by check, please make
☐ Check	☐ Amex	Card Number	Exp. Date	check payable to: The Cleveland Clinic Educational Foundation and mail with completed form to:
□ VISA	☐ MasterCard	Card Verification Code (3 or 4 digit security code on credit card)		VEITHsymposium 4455 Douglas Avenue Suite 11E
Signature				Bronx, NY 10471
Please list	the names and indivi	idual E-mail addresses of you	3 non-clinical company represe	ntatives.
Name		Phor	ne #	E-mail
Name	e Phone #		ne #	E-mail
Name		Phor	ne #	E-mail

There will be a \$100 (additional) fee for onsite/walk-in registrations and/or substitutions.

VEITHsymposium/AIMsymposium/AVIDsymposium

NOVEMBER 13-18, 2017

2nd Floor Promenade & South Corridor

