## **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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Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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5	6	7	8	9	10	11
12	13	14	15	16	17 <b>AVID</b>	18 <b>AVID</b>
19	20	21	22	23	24	25
26	27	28	29	30		

**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: <b>The Cleveland Clinic Educational Foundation</b> 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

