

# Industry Registration Form



## South Corridor, 2nd Floor 8x10 Display

Friday, November 22, 2019

November 2019

| Sun | Mon | Tues | Wed | Thurs | Fri               | Sat |
|-----|-----|------|-----|-------|-------------------|-----|
|     |     |      |     |       | 1                 | 2   |
| 3   | 4   | 5    | 6   | 7     | 8                 | 9   |
| 10  | 11  | 12   | 13  | 14    | 15                | 16  |
| 17  | 18  | 19   | 20  | 21    | 22<br><b>AVID</b> | 23  |
| 24  | 25  | 26   | 27  | 28    | 29                | 30  |

**EXHIBIT FEE:** Exhibit Fee is nonrefundable after September 10, 2019. Exhibit Fee includes full access badges to the scientific sessions for 2 non-clinical company representatives.

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

Friday (2 complimentary badges) \$ 1,750

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 \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Check  Amex \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

VISA  MasterCard \_\_\_\_\_ Verification Code (3 or 4 digit security code on credit card) \_\_\_\_\_

Signature \_\_\_\_\_

Please list the names and individual E-mail addresses of your 3 non-clinical company representatives.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

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

#### Inquiries:

**Steven Feld**  
Phone: 800-987-9314 x300 or  
Cell: 917-446-9818

E-mail:  
[sfeld@veithsymposium.org](mailto:sfeld@veithsymposium.org)  
Copy to  
[exhibits@veithsymposium.org](mailto:exhibits@veithsymposium.org)

If paying by credit card, please return completed form with credit card information by e-mail to [sfeld@veithsymposium.org](mailto:sfeld@veithsymposium.org)

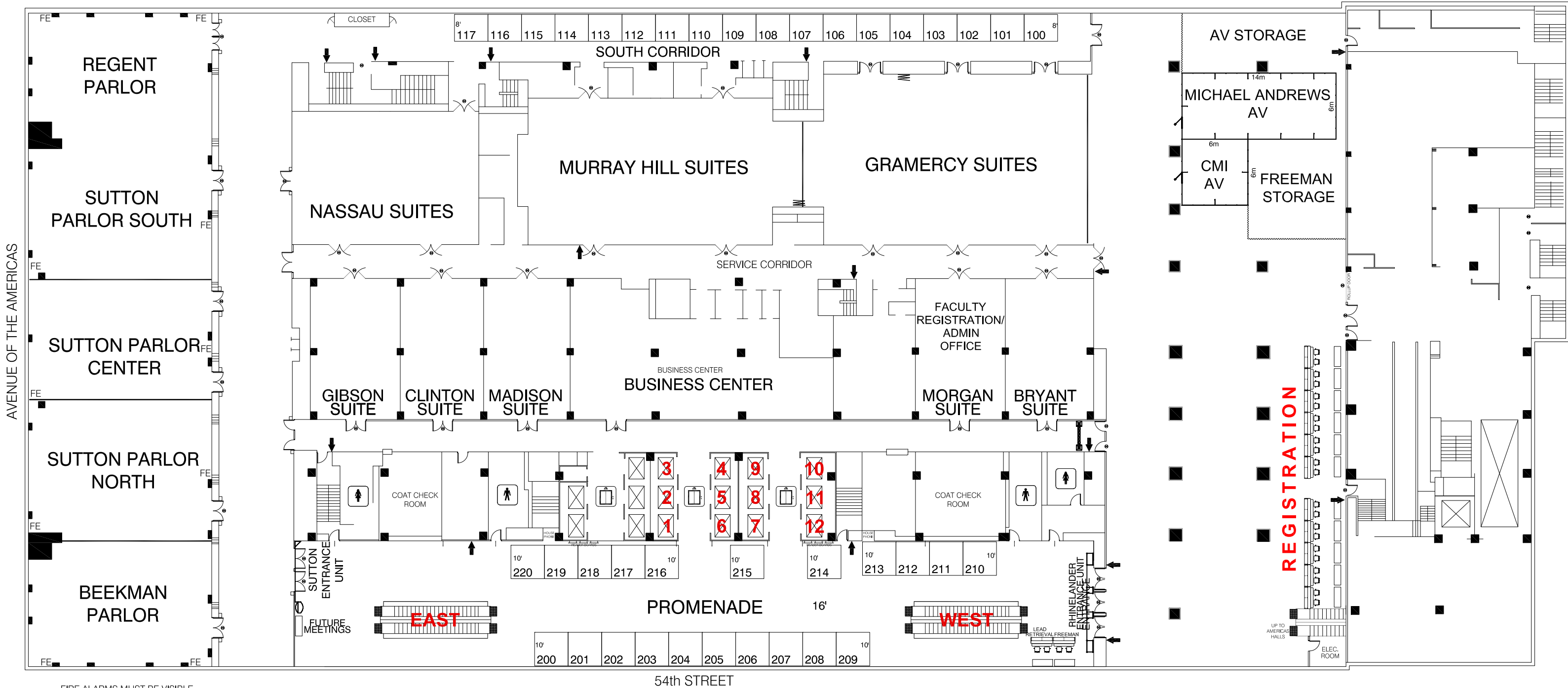
If paying by check, please make check payable to: **The Cleveland Clinic Educational Foundation** and mail with completed form to:

**The Cleveland Clinic Educational Foundation**  
P.O. Box 931653  
Cleveland, OH 44193-1082

If sending by overnight mail, please add 4100 West 150th Street above the City, State and Zip Code line.

# VEITHsymposium/AIMsymposium/AVIDsymposium

NOVEMBER 18-23, 2019



← FIRE ALARMS MUST BE VISIBLE AT ALL TIMES.

• INDICATED FIRE EXITS

FE - FIRE EXTINGUISHER

## New York Hilton Midtown 2nd Floor Promenade & South Corridor