



**EXHIBITOR PERSONNEL REGISTRATION FORM**

Please return this form NO LATER THAN **May 17, 2019**. Any and all changes made after **May 17, 2019** must be made on-site and will be payable at the time of registration if your company's badge allotment is filled. Refunds will not be issued for unclaimed badges.

Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category; i.e. physician, distributor, non-exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse, physician's assistant.

**Badge Allotment**

Each sponsor is entitled to a certain number of complimentary registrations according to their sponsorship level. Please refer to the guide below to determine the number of your additional complimentary badges

Premier Platinum Sponsor	6 registrations	Silver Sponsor	1 registration
Platinum Sponsor	4 registrations	Bronze Sponsor	1 registration
Gold Sponsor	2 registrations	Exhibitors	2 registrations /table unit

**Name of Exhibiting Company:** \_\_\_\_\_

**Official person in charge of booth(s) on-site will be:** Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Following are the exhibit representatives with complimentary badges who will be at the meeting (including official in charge of booth):

\_\_\_\_\_

\_\_\_\_\_

**Additional badges are \$150 per badge (includes entrance to scientific sessions):**

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT METHOD:**

Credit Card:  American Express  MasterCard  Visa

Check amount enclosed: \$ \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

\_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Credit Card Number (3-4 numbers on front or back of card)

\_\_\_\_\_ Name as it appears on credit card \_\_\_\_\_ Cardholder's Signature

**Secure Fax:** + 978.524.0461 \*This form must be faxed if credit card number is showing. **DO NOT EMAIL.**

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

Company Name \_\_\_\_\_ Street Address/ City/State/Postal Code /Country \_\_\_\_\_

**Return To:**  
 ISMICS  
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