

4th Annual Meeting

Pediatric Trauma Society
A Voice for the Injured Child



PTS 2017 Charleston SC
November 2-4, 2017
CHARLESTON MARRIOTT
SOUTH CAROLINA
pediatrictraumasociety.org

EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN October 6, 2017**. Additional registration over the 2 badge allotment will be assessed a \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges. *This form must be faxed if credit card number is showing. **DO NOT EMAIL.** Secure Fax: + 978.524.0461*

Return to: **Yvonne Grunebaum**
Exhibitor Coordinator
Fax: 978-524-0461 or industry@PediatricTraumaSociety.org

Name of Exhibiting Company: _____

Registrant #1: The official in charge of the booth(s) on-site will be:

Name: _____

Phone: _____ **Email:** _____

Registrant #2: _____

Additional Exhibitor Badges at \$100 per representative:

Please charge my:    **Total:** _____

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Name on Card _____

Card #: _____ **Security Code** _____ **Exp.** _____

Billing Address _____

City/State/Postal Code /Country _____

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.

Signature: _____ **Date:** _____