



PRODUCT DESCRIPTION FORM

PLEASE SUBMIT BY OCTOBER 6, 2017

Company Name: _____

Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

COMPANY PROFILE LISTING:

Please email a 50-word product description to industry@pediatrictraumasociety.org by October 6, 2017. Please provide the following information which will be handed out onsite:

1. Company Name
2. Mailing Address
3. Appropriate contact email address
4. Company website address
5. Your 50-word description. If your description is substantially over 50 words, we reserve the right to edit your submission.

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