



EXHIBIT SPACE APPLICATION FORM - PTS 5th Annual Meeting
Royal Sonesta, Houston, TX | November 8-10, 2018

CONTACT INFORMATION

Contact Person will receive all correspondence pertaining to this meeting.

Title _____

Telephone number _____ Fax number _____

Email address _____

Company Name _____

Street Address _____

City/State/Zip/Country _____

Website Address _____

EXHIBIT SPACE:

- 6' x 30" Tabletop \$1,700

50% deposit is due on or before July 27th, 2018. After July 27th applications must be accompanied by payment in full.

We would like to be near: _____

We would not like to be near: _____

The Society will make every effort to honor your requests.

COMPANY DESCRIPTION: Describe products and services to be exhibited in 10 words or less. This will allow us to determine your company's eligibility to exhibit.

PROGRAM LISTING: Please email a 50 word description to industry@pediatrictraumasociety.org by August 24, 2018 to be included in the Final Program. Please include:

- "PTS" in the subject line of your email.
- Company Name & Mailing Address & Website Address
- 50 word description

If your description is substantially over 50 words we reserve the right to edit your submission.

PAYMENT METHOD: Please note that as part of our compliance we can no longer accept credit card numbers via

e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

Check amount enclosed: \$ _____

Mail to: Pediatric Trauma Society, 500 Cummings Center – Suite 4400
Beverly, MA 01915

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

CREDIT CARD: Amount to be charged: \$ _____

- MasterCard
- Visa
- Amex

Credit Card Number

Expiration Date

Security Code

(3-4 #s on front or back of card)

Name as it appears on credit card

Cardholder's Signature

- 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.

WIRE TRANSFER – Please call our offices at 978.927.8330 for wiring information.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT ON OR AFTER July 27, 2018.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

PTS Space assignment: _____ Date assigned: _____