

**Limb Salvage and Woundcare
Symposium:
A Team Approach 2018**

**October 12-13, 2018
Crowne Plaza South
Cleveland - Independence, OH**

EXHIBITOR SPACE APPLICATION

Complete this form and mail it with your payment to ensure your space reservation.

Note: Exhibitor fee included in all Supporter Levels.

Company Name _____

Name for Booth Sign _____

Company Website _____

Company Representative _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail _____

Product to be Displayed _____

Description of Product (Attach Typed Description) _____

We prefer NOT to be next to or across the aisle from _____

\$ _____
Exhibitor Total *Representative Signature*

I am an authorized representative of the company with full power to sign and execute this application. The company listed agrees to comply with all instructions, rules, and regulations and agrees to promptly submit all information requested by the Limb Salvage and Woundcare Symposium. By submitting a signed copy of this contract, we hereby apply for exhibit space for the Limb Salvage and Woundcare Symposium.

PAYMENT METHOD

Check in the amount of \$ _____ payable to payable to **International Conference Management, Inc.**
Federal Tax ID 72-0846838

Charge in the amount of \$ _____ Visa MasterCard American Express Discover
Credit Card Number _____ Exp Date _____ / _____ Security Code _____
Cardholder Name _____

Cancellation: Requests for cancellation of reserved exhibit space must be made in writing to brandy@icm-med.com. Refunds less a 15% administrative fee will be granted for requests received on or before August 1. After this date, refunds for reserved space will not be granted.

Mail Payment and Application to:

International Conference Management, Inc. ♦ 127 Main Street North ♦ PO Box 1007 ♦ Woodbury, CT 06798

For further information contact: Brandy D'Heilly, Account Executive, Brandy@icm-med.com
Tel: 337.298.3869 • Fax: 337.235.7300