WTSA EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN May 26, 2017**. Any and all changes made after May 27th must be made on-site. Refunds will not be issued for unclaimed badges or tickets.

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.

Two (2) complimentary registrations and one (1) complimentary Full Meeting Registration are included with your exhibit booth. Please list the two complimentary registrants.

COMPANY NAME: _____

Registrant #1 & 2:

_____ _____

Registrant #3 (Full Meeting Registration): The registration includes 1 ticket to the New Members/Welcome Reception, the Samson Fun Run, the Theme Dinner, the Luncheon and the President's Reception & Banquet: Please list the additional registrant using the full meeting package. Extra full meeting packages are available at $600 per package (limit 3).

_____

Additional exhibit representatives at $100 per representative:

_____ _____

_____ _____

NOTE: Additional Full Meeting Registrations and event tickets may be purchased via the Exhibitor Activities Form

PAYMENT METHOD:

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa ☐Check amount enclosed: $_____

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

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

_____ _____

Company Name Street Address

_____

City/State/Postal Code /Country

Return to:
WTSA
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
industry@westernthoracic.org