

Exhibitor Registration Form

Contact Name _____

Name of Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Representatives Attending (\$1100 includes 2 members of your team)

Representative Name _____

Representative Name _____

Additional Rep's at \$200 each

Add _____ Add _____

Add _____ Add _____

Program information:

I want what we used last year Yes No

This is the description I want in the brochure (25 words or less)

Payment of \$1100 for exhibit & 2 employees	<u>\$1100.00</u>
Payment for additional employees (@ \$200 ea)	\$ _____
Total	\$ _____

CHECK: Check should be made out NYS BONES INC. Mail this form and payment to: NYS BONES , 266 Elmwood Avenue #172, Buffalo NY 14222

CREDITCARD: If you wish to pay by credit card. Please email completed vendor application to bboeing@pinnacle-orthopedics.com or mail to NYS Bones at the address noted above.

If you have any questions, please contact Kim or Vicky at 716-238-4333. Thank you in advance for your support.