



Exhibitor Registration Form

Contact Name: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship: Platinum (\$7,500) Gold (\$5,000) Silver (\$2,500)

Representatives Attending (\$1100.00 includes 2 members of your team)

Representative Name: _____

Representative Name: _____

Additional Reps at \$200.00 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 \$1100.00 for exhibit & 2 employees	<u>\$1100.00</u>
Payment for additional employees (@\$200.00 each)	\$ _____
Sponsor:	\$ _____
Total	\$ _____

CHECK: Check should be made out NYS Bones Inc. Mail this form and payment to:

**NYS Bones
PO BOX 584
Slingerlands, NY 12159**

Credit Card: If you wish to pay by credit card, please email completed vendor form to Dgerry@orthony.com or mail to NYS Bones at the address above.

If you have any questions, please contact our event planner:
Maribeth Chach @ mchach@orthoadc.com

Thank you in advance for your support!

See you there!

Jennifer White
President NYS Bones
JWhite@orthoadc.com