



**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)

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|---|-------------------------|
| Payment of \$1100.00 for exhibit & 2 employees    | <b><u>\$1100.00</u></b> |
| Payment for additional employees (@\$200.00 each) | \$ _____                |
| Sponsor:  | \$ _____                |
| <b>Total</b>                                      | \$ _____                |

**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](mailto:Dgerry@orthony.com) or mail to NYS Bones at the address above.

Credit Card # \_\_\_\_\_ VISA  MASTERCARD  AMEX

Name & billing address on credit card \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

If you have any questions, please contact our event planners: Maribeth Chach @ 845-454-0120 x1130.

Thank you in advance for your support!

**See you there!**

Jennifer White  
President NYS Bones  
[JWhite@orthoadc.com](mailto:JWhite@orthoadc.com)

