North American Joint Regional Conference

EXHIBITOR REGISTRATION

Boston, Massachusetts USA Hyatt Regency Cambridge May 3-6, 2009

PRIMARY ON-SITE CONTACT

☐ Dr. ☐ Ms. ☐ Mr. ☐ _____ ☐ Mrs.

First Name: _____ Last Name: _____ M.I. _____

Organization: _____ Position: _____

Address: _____ _____
Street City

_____ _____
State Country Postal Code

Phone: _____ Fax: _____ E-mail: _____

REGISTRATION FEES

For Each 10' x 10' Exhibit Rental, Exhibitor Receives: **- ONE "Full Conference Registration" Package – primary contact** *(includes technical sessions, proceedings, welcome reception, lunches and "Spring Fling")* **- TWO "Exhibit Only"** *(dining & social events sold separately)* *(Please provide names and emails of those attending below OTHER THAN THE PRIMARY CONTACT listed above)*		By March 2nd 2009	After March 2nd 2009	Payment
☐ **Non Member**	Single 10'x 10' Booth	**$2,495**	**$2,645**	
☐ **Member**	Single 10' x 10' Booth	**$1,395**	**$1,545**	
☐ **Member**	Double 20' x 10' Booth	**$2,495**	**$2,645**	
☐ **Additional Exhibitor**	Full Registration, Each Quantity:_____	**$425**	**$525**	
☐ **Additional Exhibitor**	Exhibit Only, Each Quantity:_____	**$35**	**$35**	
☐ ***NEW!***	5 Guest Admission Pack Quantity:_____	**$100**	**$100**	
☐ **Technical Tour**	(To Be Announced)	**$60**	**$60**	
	TOTAL:			

ADDITIONAL EXHIBITORS / GUESTS

Included With Double Booth →

Full Registration : NAME_____ E-MAIL_____
Full Registration : NAME_____ E-MAIL_____
Full Registration : NAME_____ E-MAIL_____
Full Registration : NAME_____ E-MAIL_____
Full Registration : NAME_____ E-MAIL_____
Full Registration : NAME_____ E-MAIL_____

2 Included With Single Booth →
4 Included With Double Booth →

Exhibit Only Registration : NAME_____ E-MAIL_____
Exhibit Only Registration : NAME_____ E-MAIL_____
Exhibit Only Registration : NAME_____ E-MAIL_____
Exhibit Only Registration : NAME_____ E-MAIL_____

METHOD OF REGISTRATION PAYMENT

Registration forms MUST be accompanied with payment to be processed.

☐ Personal Check ☐ Company Check - Make checks payable in U.S. Funds.

☐ MasterCard/Visa ☐ AMEX *add billing address if different than above

Credit Card No. _____ Expiration Date _____

_____

Signature_____

Cancellation policy: Full refunds will be provided if notified by March 2, 2009; a 50 percent refund will be provided if notified by April 3, 2009; and no refund will be provided after April 3, 2009.

For Hotel Reservations, please visit *www.io3a.org* or *www.iuva.org*

To register for the conference, complete this registration form and fax/mail with full payment or credit card information to:

IOA – IUVA 2009
P.O. Box 28873
Scottsdale, AZ 85255
Fax: 480-473-9068

Questions?
www.iuva.org or www.io3a.org
+1 480-544-0105