

Industry Registration Form

South Corridor, 2nd Floor 8x10 Display

Monday, November 13 to Thursday, November 16, 2017

November 2017

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13 AIM	14 AIM	15 AIM	16 AIM	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

EXHIBIT FEE: Exhibit Fee is nonrefundable after September 5, 2017. Exhibit Fee includes full access badges to the scientific sessions for 2 or 4 non-clinical company representatives.

Please note: Payment must be received upon submission of this form to secure your preferred exhibit location.

Monday, November 13 to **Wednesday**, November 15, 2017
(4 complimentary badges) \$ 5,500

ONE-DAY EXHIBIT FEE

Monday, November 13, 2017 (2 complimentary badges) \$ 3,500
 Tuesday, November 14, 2017 (2 complimentary badges) \$ 3,500
 Wednesday, November 15, 2017 (2 complimentary badges) \$ 3,500
 Thursday, November 16, 2017 (2 complimentary badges) \$ 3,500

1st Choice _____ 2nd Choice _____ 3rd Choice _____

New York Hilton-Midtown

1335 Avenue of the Americas, New York, NY 10019 (between 53rd and 54th Streets)

Company Name _____ Federal Tax ID Number _____

Contact Person _____

Company Address _____

City _____ State _____ Zip Code _____

Office Phone# _____ Fax # _____ Cell Phone # _____

E-mail Address _____

Check Amex _____ Card Number _____ Exp. Date _____

VISA MasterCard _____ Verification Code (3 or 4 digit security code on credit card) _____

Signature _____

Inquiries:

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Cell: 917-446-9818

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sfeld@veithsymposium.org
 Copy to
exhibits@veithsymposium.org

If paying by credit card, please return completed form with credit card information by e-mail or fax to
845-368-2324

If paying by check, please make check payable to: **The Cleveland Clinic Educational Foundation** and mail with completed form to:

VEITHsymposium
4455 Douglas Avenue
Suite 11E
Bronx, NY 10471

Please list the names and individual E-mail addresses of your 2 or 4 non-clinical company representatives.

Name _____ Phone # _____ E-mail _____

Name _____ Phone # _____ E-mail _____

Name _____ Phone # _____ E-mail _____

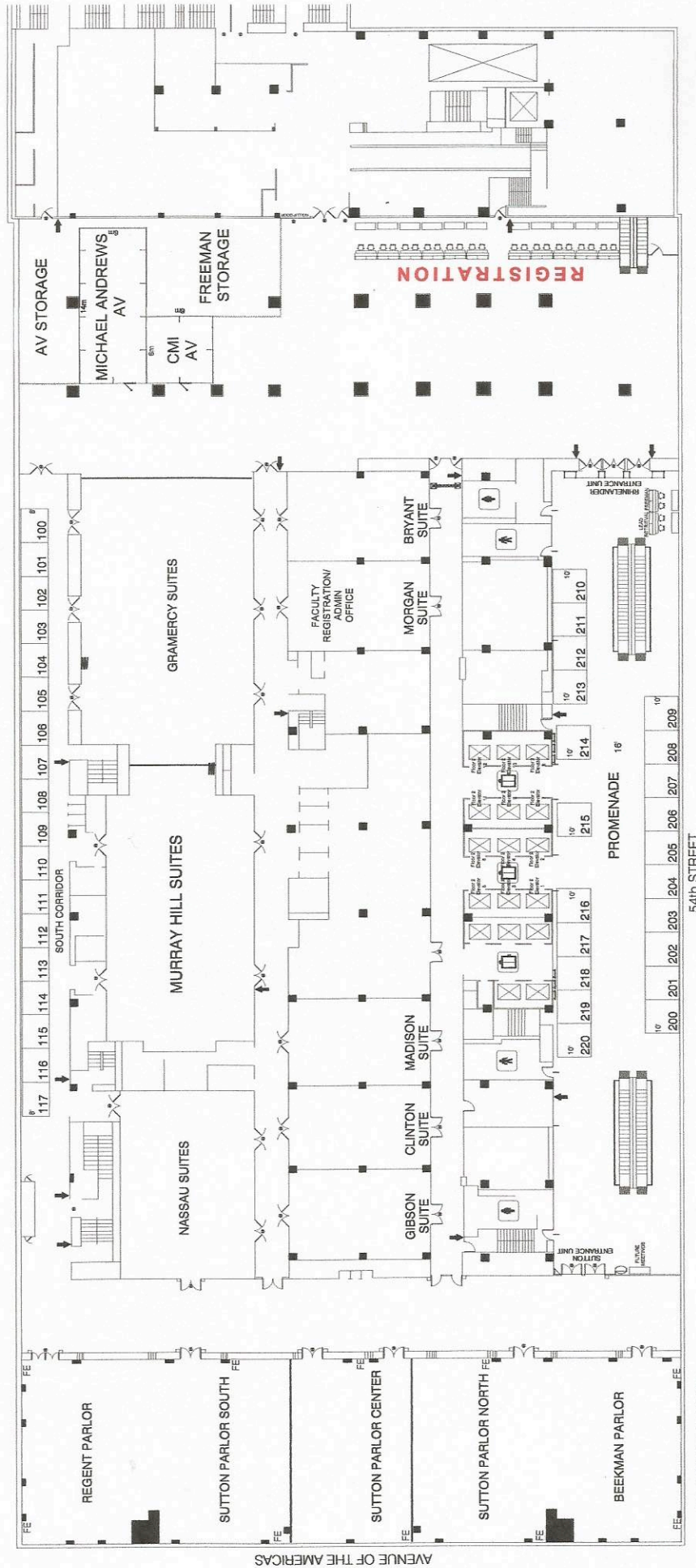
Name _____ Phone # _____ E-mail _____

There will be a \$100 (additional) fee for onsite/walk-in registrations and/or substitutions.

VEITHsymposium/AIMsymposium/AVIDsymposium

NOVEMBER 13-18, 2017

2nd Floor Promenade & South Corridor



- FIRE ALARMS MUST BE VISIBLE AT ALL TIMES.
- INDICATED FIRE EXITS
- FE - FIRE EXTINGUISHER