

Florida Orthopaedic Society Exhibit Space and Event Application

2008 Annual Scientific Meeting – May 115-18 – Ocean Reef Club, Key Largo, FL

Please return the completed form below along with the other items included in the check list below.

Please make sure your company name is on all attached forms to keep everything together.

We agree to abide by the exhibit rules and regulations as set forth by the FOS, which is made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the meeting.

Company Name: _____

Contact & Title: _____

Address: _____

Phone: _____ Fax: _____ Email address: _____

Signature: _____ Print Name: _____ Date: _____

Name Request for Exhibitor Sign: _____

Product or services to be exhibited: _____

Name of specific company and/or product near which your company prefers NOT to be located. _____

Enclosed is a check or credit card details in the amount of \$_____, representing payment in full of \$_____ per sponsorship opportunities included on the attached form, Sponsorship Opportunities Checklist.

Checklist of items that should be returned to the FOS to complete your registration:

- **2008 Exhibit Space and Sponsor Application (this form)**
- **2008 Sponsorship Opportunities Checklist**
- **2008 Sponsor Representative Event Registration Form**
- **Check made payable to the Florida Orthopaedic Society or Credit Card Form Below**

Applications received after February 21, 2008 must be accompanied with payment for the full amount.

CANCELLATION: FOS must be notified of cancellation in writing. A cancellation fee of \$250.00 per booth will be charged to an exhibitor who cancels their contract before March 28, 2008. No refunds will be made after this date.

Application with the payment and other communications may be addressed to the following:

Florida Orthopaedic Society ~ 17503 Mallard Court ~Lutz, FL 33559 ~ Phone: 813-948-8660 ~ Fax: 813-949-8994

Email: fcobbe@tampabay.rr.com ~ Website: www.fos-society.com

I hereby authorize the following amount to be charged to my credit card.

Amount Authorized: _____ Card #: _____ Visa, MC, AMEX or Discover

Expiration Date: _____ Security Code or CIN Number: _____

Billing Address (Street, City, State, Zip): _____
