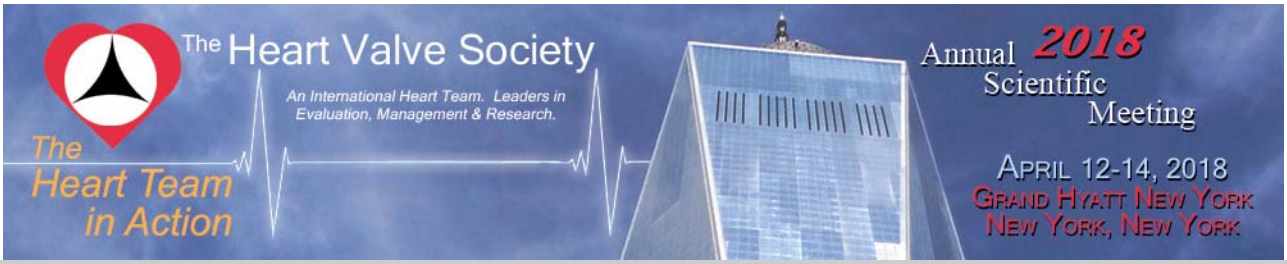

EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form NO LATER THAN **23 February 2018**. Any and all changes made after 23 February 2018 must be made on-site and will be payable at the time of registration if your company's badge allotment is filled. Refunds will not be issued for unclaimed badges.

Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category i.e. physician, distributor, non-exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse, physician's assistant.

Badge Allotment

Each sponsor is entitled to a certain number of complimentary registrations according to their sponsorship level. Please refer to the guide below to determine the number of your additional complimentary badges:

Diamond Sponsor	*10 registrations*	***Gold Sponsor***	*4 registrations*
Premier Platinum Sponsor	*8 registrations*	***Silver Sponsor***	*2 registrations*
Platinum Sponsor	*6 registrations*		
Exhibitor	*2 registrations per booth unit*		

Return To:
HVS
500 Cummings Center, Suite 4400
Beverly, MA 01915 USA
Email: industry@heartvalvesociety.org
Fax: 978-524-0461

Name of Exhibiting Company: _____

The official person in charge of the booth(s) on-site will be: Name: _____Cell Phone:_____
Following are the exhibit representatives with complimentary badges who will be at the meeting: (including official in charge of booth)

_____ _____ _____

_____ _____ _____

Additional badges are $250 per badge (includes entrance to scientific sessions):

_____ _____ _____

_____ _____ _____

PAYMENT METHOD:

Credit Card: ☐ American Express ☐ MasterCard ☐ Visa

☐Check amount enclosed: $_____

Amount to be charged: $_____

_____ Expiration Date_____ Security Code_____
Credit Card Number (3-4 numbers on front or back of card)

_____ _____
Name as it appears on credit card Cardholder's Signature

❑ Please check if credit card billing address is same as contact information at the top of the form.
❑ If billing address is not the same please enter below.

_____
Company Name Street Address/ City/State/Postal Code /Country