

EXHIBIT RESERVATION FORM

The Society of Plastic Surgical Skin Care Specialists – 21st Annual Meeting

May 13 - 14, 2015 – Le Westin Montreal Hotel – Montreal, Quebec, Canada

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____

Fax: _____ Contact Email: _____

Web site Address: _____

Marketing Director Contact: _____ Email: _____

Yes, we will exhibit at the SPSSCS 21st Annual Meeting.

Main Hall Tabletop @ \$1,500 each

Number of Main Hall Tables _____ X US \$1,500 = \$ _____ (Two representatives Per table Included)

Additional Rep(s) _____ X US \$200 = \$ _____ (Limit Three Representatives Per Table)

TOTAL ENCLOSED \$ _____

Will require electricity: No Yes (Hotel Electrical Forms will be sent to you.)

Representatives: Please list the names of all representatives who will be at the SPSSCS 21st Annual Meeting in conjunction with your exhibit. Registration for up to two representatives per table is included in the exhibit fee. An additional \$200 registration fee (\$250 on-site) is required for an additional representative. A Maximum of three (3) representatives per 6' table. (Please type or print neatly)

Rep. In-Charge Name: _____ (Included)

Name: _____ (Included)

Name: _____ (\$200 Reg. Fee - \$250 On-Site)

Goodie Bag Commitment

Yes, our company will provide **250** product samples for the meeting "Goodie Bags" Product samples must arrive at the SPSSCS Central Office before **March 25, 2015** for inclusion in the Goodie Bags.

No, our company would not like to donate product samples.

EXHIBIT DESCRIPTION

Specific product(s) or items you will display: _____

On the back of this form or via email to janet@surgery.org -- very briefly (50 word maximum) describe your company.

This will be printed in the on-site program if provided by March 11, 2015.

Liability: The exhibitor assumes full responsibility for losses and damages to exhibitor displays, equipment and other property brought upon the premises of the meeting. Neither SPSSCS nor the Le Westin Montreal Hotel guarantees or insures the exhibitor against loss or damage of any type. Exhibitor is required to maintain sufficient liability insurance covering all losses, damages and claims arising out of the exhibit, including claims against SPSSCS or the Le Westin Montreal Hotel shall indemnify and hold such parties harmless for any losses, damages, and claims.

I have read the Exhibitor Guidelines/Liability information and my company's representatives and I agree to adhere to this policy.

Signature _____ Date _____

Payment: Check/Bank Draft # _____ Payable to SPSSCS (US Dollars)

MasterCard VISA Amex Credit Card # _____ Exp. _____

Name on card _____ Signature _____

SPSSCS, 11262 Monarch Street, Garden Grove, CA 92841 USA Phone: 562-799-0466 Fax: (562)799-1098

Exhibitor Booth Description -- 50 Words or Less -- Subject to Editing

Please email your description and company contact information to janet@surgery.org by Wednesday, March 11, 2015.