



Badge Scanner Request Form

Company Name

Contact Name

Contact Email

Contact Phone

Number of Scanners Needed

Name & Cell Phone Number of person responsible for picking up onsite

Important Information

- Reports will be available 2 weeks after the Congress in excel format.
- Reports will contain: Name, Degree, Email, Organization, Mailing Address and Specialty. Please be aware that our ability to provide this information will be based on the information provided to us by the attendees.
- Each supporter will be responsible for providing hostesses or staff to run the scanners
- If you order a scanner for a symposium it will be available for pickup at the Exhibitor Registration & Information desk on the day of your symposium and must be returned 1 hour after the symposium adjourns.
- If you order a scanner for your exhibit it will be available starting Wednesday at the Exhibitor Registration & Information desk
- All scanners are due back at the Congress registration desk by 16:35 on Saturday, 28 June 2014.
- If you do not turn in the scanner by 16:35 Saturday, 28 June 2014 the supporting company will be held responsible for replacing the scanner
- If you experience technical issues with your scanner please go to the Exhibitor Registration & Information desk for assistance
- Cost per scanner is EUR 595. If you would like to rent additional scanners the cost is EUR 350 each.
- ALL request forms are due no later than Friday, 6 June 2014. Ordering scanners onsite will be available but we will be limited in how many we will have available – please try to have your orders in by the deadline!

By signing this document you agree that you have read all information above and agree to it.

Signature

Date

Please complete and send back to Cori Gunter: (E) c.gunter@imedex.com or (F) 770-751-7334



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Toll Free +1 800.233.0957

T +1 770.751.7332
F +1 770.751.7334
www.imedex.com

Meeting Name: _____

I, _____, hereby authorize
Imedex, LLC. to charge the following credit card:

Cardholder's name (as it appears on the card):

Credit Card number: _ _ _ _ _ - - - - -

Expiration date: _ _ / _ _

Security code digits: _ _ _ (Amex) or _ _ _ (Visa, MasterCard and
Discover)

I authorize Imedex, LLC. to charge the following amount:
_____.

Signed: _____

Date: _____

Please return form to:

Cori Gunter
Senior Manager, Global BD
Imedex, LLC.
11675 Rainwater Drive, Suite 600
Alpharetta, GA 30009

c.gunter@imedex.com

Fax +1 770 751 7334

