



AORTIC SYMPOSIUM EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN March 31, 2008**. Changes made after March 31st, 2008 may be made on-site in New York. Badges over your allotment will be assessed a \$100 per badge charge, payable at the time of registration. Refunds will not be issued for unclaimed badges.

Registrant #1: The official in charge of the booth(s) on-site will be:

Name of Exhibiting Company: _____

Name: _____

Phone: _____ Fax: _____ Email: _____

Registrant #2: Two complimentary registrations are included in your exhibit package. Please list the remaining registrant other than the on-site official contact listed above.

Additional exhibit representatives at \$100 per representative:

PAYMENT METHOD:

Credit Card: American Express MasterCard Visa

Amount to be charged: \$ _____

 Credit Card Number

 Name as it appears on credit card

Check amount enclosed: \$ _____

Expiration Date _____ Security Code _____
 (3-4 numbers on front or back of 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

Complete & Return by March 31, 2008
 AATS-Aortic Symposium
 Yvonne Grunebaum, Director, Industry Relations
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 Beverly, MA 01915 USA