

EXHIBIT & MIS WEEK CORPORATE PROGRAMS APPLICATION

THE SOCIETY OF LAPAROENDOSCOPIC SURGEONS

MIS WEEK 2014 / ANNUAL MEETING & ENDO EXPO

EXHIBIT

INSTRUCTIONS: 1) Complete this application (Type or print). **The company name and contact information will appear in printed materials exactly as they are listed below.** **2)** Attach a check or indicate credit card payment below for the full amount or 50% deposit payable to: The Society of Laparoendoscopic Surgeons **3)** Attach a brief description of your company (max 40 words) for inclusion in the meeting's final program/syllabus. **4)** Mail the application and payment to The Society of Laparoendoscopic Surgeons, c/o Teri Valls, CMP, CMM, 7330 SW 62 Place, Suite 410, Miami, FL 33143. For additional information call (305) 665-9959.

COMPANY NAME AS IT WILL APPEAR FOR I.D. SIGN

COMPANY ADDRESS FOR PUBLICATION

COMPANY CITY / STATE / ZIP FOR PUBLICATION

COMPANY TEL FOR PUBLICATION

FAX FOR PUBLICATION

COMPANY E-MAIL ADDRESS FOR PUBLICATION

WEBSITE ADDRESS FOR PUBLICATION

OFFICIAL REPRESENTATIVE NAME (PUBLISH NAME? Y / N)

TITLE

E-MAIL ADDRESS (PUBLISH E-MAIL? Y / N)

NAME OF PERSON RESPONSIBLE FOR EXHIBIT ARRANGEMENTS

TEL

FAX

E-MAIL ADDRESS

Space will be reserved only after receipt of 50% deposit of the total amount and a signed application form are received. The payment for the balance is due no later than June 10, 2014. If payment in full is not received by this date, the space will be released and your deposit will be forfeited.

I have read all rules and instructions and my company and company representatives will comply.

SIGNATURE

DATE

BOOTH We hereby order the following exhibition space(s). Space will be provided at the following rates:

				TOTAL
<input type="checkbox"/>	8 x 10 corner booth	1ST CHOICE BOOTH(S) # _____ 2ND CHOICE BOOTH(S) # _____ 3RD CHOICE BOOTH(S) # _____	\$2,500 per corner X _____ booths =	\$ _____
<input type="checkbox"/>	8 x 10 booth	1ST CHOICE BOOTH(S) # _____ 2ND CHOICE BOOTH(S) # _____ 3RD CHOICE BOOTH(S) # _____	\$2,000 per booth X _____ booths =	\$ _____
<input type="checkbox"/>	8 x 10 Publishers only booth. One booth only per publisher. Space will be assigned.			\$900
<input type="checkbox"/>	PRE-CONFERENCE MEMBER LIST approx 5,000 (electronic file) \$1,250 per use X _____ uses =			\$ _____
<input type="checkbox"/>	POST-CONFERENCE REGISTRANT LIST (labels)			\$625
<input type="checkbox"/>	SATELLITE SYMPOSIUM Bring in a featured presenter during a meal break. Includes space, projector, screen, and microphone. Catering and speaker-related expenses are the responsibility of the sponsoring company.			\$2,500
<input type="checkbox"/>	BAG INSERT Company is responsible for all printing and shipping.			\$500
<input type="checkbox"/>	SPECIAL PRESENTATION Exhibitors only. Includes 20 minute presentation time slot inside exhibit hall, video screen, and VGA hook-up for computer. Must bring own computer for presentation.			\$500
<input type="checkbox"/>	NEW PRODUCT PRESENTATION Exhibitors only. Includes 1 minute presentation time slot in exhibit hall. Must bring own computer for presentation.			No charge
<input type="checkbox"/>	INNOVATIONS OF THE YEAR Apply to have your product recognized as an Innovation of the Year			No charge
PAYMENT Please review the guidelines and deadlines for each program and include all requested materials. GRAND TOTAL				\$ _____

Check Payable to: The Society of Laparoendoscopic Surgeons

I authorize SLS to make charges in the amount of \$ _____ to the following credit card:

VISA MASTERCARD _____ ACCOUNT NUMBER _____ EXPIRATION DATE _____ BILLING ZIP CODE _____ CWV CODE _____

CARDHOLDER NAME (please print)

CARDHOLDER SIGNATURE