



Keystone Chapter
American College of Surgeons

2007 Annual Scientific Meeting – November 9, 2007
Mt. Nittany Medical Center, State College, PA

CORPORATE SUPPORT - EXHIBIT RESERVATION FORM

Company Name: _____

Street Address: _____

City, State, ZIP: _____

Contact Person Name and Address: _____

Telephone: () _____ Fax number: () _____

Email: _____

Exhibit Table Only:

One 6' Exhibit Table @ \$1,000

Educational Grant Support - \$1500, \$2500, \$3500, \$5000 or higher:

Contact me/ my company regarding a \$ _____ educational grant. Applicable contact information is listed below.

Website: _____

Telephone: _____

Name: _____

Email: _____

In recognition of your support, companies will receive the following:

- Recognition in the final program brochure
- Acknowledgement on the meeting signage
- Mention in the Keystone Chapter newsletter, The Keystone Surgeon, as well as on the KC/ACS website, www.keystonesurgeons.org.

***Please note: Recognition of educational grant support does not include exhibit tables.**

Important – Please complete exhibit specification on reverse side.

OVER ➡

Keystone Chapter, ACS - 2007 Annual Scientific Meeting
Exhibit for Friday, November 9, 2007

Company Name: _____

Please list the names of representative attending for name badges.

_____	_____
_____	_____
_____	_____

Exhibit Space: 6 foot exhibit table – electricity included if indicated below

Electrical Requirements:

We do not require electricity We require a standard electrical outlet

If possible, please do not place our exhibit next to the following companies:

We understand and agree to follow the policies of the **STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION** in support of the KC/ACS Annual Scientific Meeting.

Authorized Signature _____ Date _____ Total Enclosed _____

KC/ACS Tax ID# is 23-2083532
Check payable to "KC/ACS"

Please return this form with payment before October 31, 2007 to:
Danielle Spriggs, Meeting Manager
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
(717) 558-7850 ext 1484/Fax (717) 558-7841

Interoffice Use Only: Date received: _____ Amount pd/due _____ Check # _____ Table # _____
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