



Keystone Chapter
American College of Surgeons

2008 Annual Scientific Meeting – November 7, 2008
Pennsylvania Medical Society, Harrisburg, Pennsylvania

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

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 - 2008 Annual Scientific Meeting
Exhibit for Friday, November 7, 2008

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 7, 2008 to:
MaryTherese, Meeting Manager
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
(717) 909-2685/Fax (717) 558-7841**

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