



Keystone Chapter
American College of Surgeons

2009 Annual Scientific Meeting – November 6, 2009
Pennsylvania Medical Society Headquarters, Harrisburg, PA

CORPORATE SUPPORT - EXHIBIT RESERVATION FORM
PLEASE COMPLETE ALL FIELDS

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 (if support received before Sept. 11, 2009)
- Acknowledgement on the meeting signage and on-site program packets
- 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 - 2009 Annual Scientific Meeting
Exhibit for Friday, November 6, 2009

Company Name: _____

Please list the names of representative attending for name badges- maximum, 3 representatives

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 9, 2009 to:
MaryTherese Gallagher, Meeting Manager
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
Phone (717) 909-2685/ Fax (717) 558-7841

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