



**Keystone Chapter American College of Surgeons**

**2010 Annual Scientific Meeting - November 12, 2010**

Pennsylvania Medical Society Headquarters, Harrisburg, PA

[www.keystonesurgeons.org](http://www.keystonesurgeons.org)

**CORPORATE SUPPORT - EXHIBIT RESERVATION FORM**

The information in this section will be printed in the official on-site program.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone (Company's main number): \_\_\_\_\_

Company website: www. \_\_\_\_\_

**Space confirmation and other information should be mailed to:**

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email for contact person: \_\_\_\_\_

**We would like to purchase exhibit space:**

\$1,000 Exhibit Table       Add \$50 for each representative over the three person per table limit

We require electricity       We do not require electricity

Names of Representatives attending (max 3 per table) unless paying additional fee:

\_\_\_\_\_  
If possible, please do not locate our exhibit space next to the following company (ies):

Check is in the mail      Payable to: "KC/ACS"      Keystone/ACS Tax ID#23-2083532

Visa       MasterCard       Discover      # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2# (3 or 4 digit code on back of the card): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Total Amount to be Charged: \$ \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

**Cancellation of Exhibit Space:**

Cancellations of exhibit space must be presented to the association in writing. If cancellation occurs on or before October 28, 2010; the exhibitor will receive a full refund less a 20% administrative fee. If cancellation occurs after October 28, 2010; no refunds shall be due to the exhibitor. An exhibitor who cancels may not transfer or assign an exhibit space.

**Standards for Commercial Support**

We understand and agree to follow the policies of the ACCME STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION in support of the KC/ACS 2010 Scientific Meeting.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with payment before October 28, 2010 to:**  
**Lauren Ramsey, CMP, Meeting Manager, 777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820**  
**Phone (717) 909-2691/ Fax (717) 558-7841/Email: lramsey@pamedsoc.org**

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