



SOUTHEASTERN SURGICAL CONGRESS ANNUAL SCIENTIFIC MEETING

February 20–23, 2010 (Meeting Dates) • February 20–22, 2010 (Exhibit Dates)
Westin Savannah Harbor Golf Resort and Spa and
Savannah International Trade & Convention Center • Savannah, GA

PLEASE TYPE OR PRINT

1. COMPANY NAME _____
2. MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
3. CONTACT NAME _____ TITLE _____
PHONE _____ FAX _____ E-MAIL _____
4. SPACE REQUESTED (INDICATE BOOTH CHOICES IN ORDER OF PREFERENCE AS SELECTED FROM THE FLOOR PLAN.)
1ST CHOICE # _____ 2ND CHOICE # _____ 3RD CHOICE # _____

ALL EXHIBITORS ARE REQUIRED TO LIST ON THE APPLICATION FORM ALL PRODUCTS AND SERVICES INTENDED TO BE EXHIBITED.

5. PRODUCT DESCRIPTION (25-WORD LIMIT) _____

6. WE/I AGREE TO PAY EITHER THE FULL AMOUNT OF \$1,600 FOR A CORNER BOOTH, OR \$1,400 FOR AN INLINE BOOTH, OR A DEPOSIT OF \$700 PER BOOTH, UPON SUBMISSION OF THIS APPLICATION WITH BALANCE DUE BY MONDAY, DECEMBER 21, 2009.

WE/I AGREE TO ABIDE BY ALL REGULATIONS SET FORTH IN THE ACCOMPANYING BROCHURE, WHICH IS MADE A PART OF THIS CONTRACT, AND TO ALL CONDITIONS UNDER WHICH EXHIBIT SPACE IN THE WESTIN SAVANNAH HARBOR IS LEASED TO THE SOUTHEASTERN SURGICAL CONGRESS.

7. AUTHORIZED SIGNATURE _____
TITLE _____
DATE _____

8. MAKE CHECKS PAYABLE TO SOUTHEASTERN SURGICAL CONGRESS.
RETURN THE ORIGINAL APPLICATION WITH CHECK TO:

Laura Page ■ SESC Exhibit Management ■ C/O ACS Management Services
633 N. Saint Clair St. ■ Chicago, IL 60611-3211

PHONE: 312-202-5034 ■ FAX: 312-202-5003 ■ E-MAIL: LPAGE@FACS.ORG

9. THIS CONTRACT IS ACCEPTED AND BOOTH NO(S) _____ IS (ARE) ASSIGNED AT A TOTAL COST
OF \$ _____. DEPOSIT OF \$ _____ IS HEREBY ACKNOWLEDGED.
THE BALANCE REMAINING DUE ON OR BEFORE DECEMBER 21, 2009, IS \$ _____

