



# Pediatric Urology Fall Congress

Sponsored by Society for Pediatric Urology

IN COLLABORATION WITH AAP SECTION ON UROLOGY, ICCS, SFU, SIUP, ESPU, AAPU

September 8<sup>th</sup> - 10<sup>th</sup> 2017  
FALLCONGRESS.SPUONLINE.ORG

FAIRMONT THE QUEEN ELIZABETH  
MONTREAL, CANADA



## EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN August 4<sup>th</sup>, 2017**. Any additional changes must be made onsite and will be charged \$25 per badge at registration. Additional registrations over the badge allotment will be assessed a \$100 per badge charge. *Refunds will not be issued for unclaimed badges.*

**Registrant #1:** The official in charge of the booth(s) on-site will be:

Name of Exhibiting Company: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Registrant #2:** Two complimentary registrations are included in your exhibit package. Please list the remaining registrant other than the on-site official contact listed above.

\_\_\_\_\_

### **Additional Exhibit Representatives at \$100 per individual:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Please charge my:



Card #: \_\_\_\_\_ Security Code \_\_\_\_\_ Exp \_\_\_\_\_

Signature: \_\_\_\_\_

**Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.**

Please check if credit card billing address is same as contact information at the top of the form.

If billing address is not the same please enter below.

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City/State/Country/Zip Code: \_\_\_\_\_

**Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category. i.e. physician, distributor, non exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse, physician's assistant.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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