



MASSACHUSETTS CHAPTER of the AMERICAN COLLEGE of SURGEONS

# 65<sup>th</sup> Annual Meeting December 1, 2018

WESTIN COPLEY HOTEL | BOSTON, MA

## EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form no later than November 19, 2018

**Return to:** Massachusetts Chapter of the American College of Surgeons  
 Attn: Brittany Fiore  
 Email: [bfiore@prri.com](mailto:bfiore@prri.com)  
 Fax: (978) 524-0461

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

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

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Following are the two complimentary exhibit representatives who will be at the meeting

\_\_\_\_\_  
 \_\_\_\_\_

**Additional exhibit representatives at \$50 per representative:**

\_\_\_\_\_  
 \_\_\_\_\_

### PAYMENT METHOD

I authorize MC-ACS to charge my credit card the above registration fees. Fees are payable via MasterCard, Visa or check (US banks only). Checks are payable to MC-ACS. **Please FAX to secure fax # above. DO NOT email this form with credit card info.**



CHECK (enclosed)

**CREDIT CARD #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_

**Security Code:** \_\_\_\_\_ (See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card.



**SIGNATURE:** \_\_\_\_\_

I certify that the above 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_