



EXHIBITOR EVENT REGISTRATION FORM

Return to: industry@handsurgery.org or fax 978-524-0461

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/FAX/EMAIL: _____

- | | | |
|--|--|------------------------------|
| <p>1. HSE/ASRM Fundraising Golf Tournament
<i>Saturday, January 13th, 12:00 pm – 5:00 pm</i></p> | <p>\$300 per registration
\$69 club rental</p> | <p>\$ _____
\$ _____</p> |
| <p>2. AAHS Annual Meeting Dinner Dance*
<i>Friday, January 12th, 7:00 pm – 10:00 pm</i></p> | <p>\$200</p> | <p>\$ _____</p> |
| <p>3. ASPN/ASRM Welcome Reception*
<i>Saturday, January 13th, 7:00 pm – 8:30 pm</i></p> | <p>\$65</p> | <p>\$ _____</p> |

Two tickets are included to each organizational social event that are open to general attendees

TOTAL AMOUNT DUE: \$ _____

Please charge my registration fees to the following credit card:



PLEASE NOTE: WE DO NOT ACCEPT CREDIT CARD PAYMENT BY EMAIL. PLEASE FAX TO 978.524.0461

Name As It Appears on Credit Card: _____

Billing Address of Card Holder: _____

City: _____ State: _____ Zip: _____

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: _____

REFUND POLICY

Credit card transactions made on site can only be reimbursed via check following the AAHS/ASPN/ASRM Annual Meetings