



Pediatric Urology Nurse Specialists
2018 Annual Meeting
Westin Peachtree Plaza • Atlanta
September 13-14, 2018

punsonline.org



Exhibitor Personnel Registration Form

Please return this form before **August 24, 2018**. Exhibitors are allowed (2) badges per booth. Additional registrations are \$100, payable with this form or onsite. Refunds will be not issued for unclaimed badges.

Company Name: _____

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

Cell Phone: _____ Email: _____

Registrant 2: _____

Additional Exhibit Representatives at \$100 per individual:

Amount to be charged: \$ _____

Please charge my:





Card #: _____

Security Code _____ EXP: _____

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.

Street Address: _____

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: _____