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| EXHIBITOR AGREEMENT | |
| NAME |  |
| COMPANY NAME |  |
| EMAIL |  |
| PHONE |  |
| DESCRIPTION OF COMPANY SERVICES/GOODS |  |
| PAYMENT INFORMATION | Fees payable via Check, Visa, or MasterCard  CANCELLATION AND REFUNDS: We are unable to grant refunds. |
|  | CREDIT CARD NUMBER: EXPIRATION DATE: CVV  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CARD ISSUED TO:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF CARDHOLDER:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EMAIL COMPLETED AGREEMENTS:** [**IllinoisSurgicalConference@gmail.com**](mailto:IllinoisSurgicalConference@gmail.com)  **MAIL CHECK PAYMENTS**: Illinois Surgical Quality Improvement Collaborative c/o Northwestern University  633 N. Saint Clair Street, 20th Floor  Chicago, IL 60611  Access W9 by clicking ‘Payment Information’ on ‘Exhibitor Information’ page |
| NAME(S) OF WHO WILL ATTEND |  |

**Exhibit Schedule\***

**Saturday, April 25, 2020**

**EXHIBIT HOURS – 7:00 am - 7:00 pm**

**1 Day Pass - $1500**

WEBSITE: <https://www.isqic.org/2nd-annual-isc>

Questions: Contact us at [**IllinoisSurgicalConference@gmail.com**](mailto:IllinoisSurgicalConference@gmail.com)

* **One 6-foot table, two chairs, identification sign**
* **Registration for two representatives to attend educational sessions**
* **Breakfast, lunch, coffee breaks, two receptions and poster session**
* **Acknowledged as an exhibitor on the website using company link**
* **Company logo and description featured in meeting program guide (must provide company logo)**