

# REGISTRATION FORM

## North American Neuromodulation Society

2021 Virtual Conference: January 15–16 | 2021 Mid-Year Live Conference July 15–17

### Application for Exhibit Space

Virtual Conference: January 15–16, 2021

Mid-Year Live Conference: July 15–17, 2021

We understand that space will be rented by the following rates:

Standard Virtual	\$1,800
10' x 10' Live	\$2,800
Standard Package	\$3,500
Premium Virtual	\$2,900
10' x 20' Live	\$5,800
Premium Package	\$7,500

### Additional fees may apply at Mid-Year event for corner booths.

*Note. Exhibit space is completely carpeted.*

Selection(s): \_\_\_\_\_ Total: \_\_\_\_\_

We understand that all space must be paid for in full by January 7, 2021. If assigned space is not paid for in full by the specified date, it may be assigned to another exhibitor at the discretion of the North American Neuromodulation Society.

We agree to abide by the terms and conditions found on the NANS website, which are made part of this contract.

Booth location choices for the Mid-Year event will be selected at a later date.

List companies that you would prefer not to be near.

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List the products that will be exhibited.

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Please submit electronically, in 50 words or fewer, a description of your products or services to be exhibited, exactly as you want the information to appear in the conference meeting app. Submit to Miranda Burkes at [mburkes@connect2amc.com](mailto:mburkes@connect2amc.com) along with this form.

### Please print or type.

Firm name \_\_\_\_\_

(exactly as you wish it to appear in printed program and on exhibit sign)

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax\* (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Address \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

(first)

(last)

Title \_\_\_\_\_

*\*I understand that by providing the fax number listed above, on behalf of the company specified above, I am authorized to and hereby consent for the company to receive faxes sent by or on behalf of NANS.*

The signer of the application for exhibit space or person designated below, if different, shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations. This contract and related future mailings will be addressed to the signer (or designee indicated below, if different).

Name \_\_\_\_\_

(first)

(last)

Title \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

(if different from above)

City, State, ZIP \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Onsite Contact \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

### To guarantee your exhibit space:

1. Fax this completed form to 888.374.7259.
2. Make a copy for your records.
3. Return the original with the appropriate fee per booth to:

### NANS Meeting Exhibits • PO Box 3781 • Oak Brook, IL 60522

Make checks payable to **North American Neuromodulation Society (NANS)** or charge the following account:

Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required) \_\_\_\_\_ V-Code (3-4 digits on back of card) \_\_\_\_\_

*Note: A 3% credit card processing fee will be charged to all orders over \$5,000. Questions may be directed to [cschroll@neuromodulation.org](mailto:cschroll@neuromodulation.org).*

### FOR NANS USE ONLY

Booth number(s) assigned \_\_\_\_\_ cc# \_\_\_\_\_ Exp. \_\_\_\_\_ \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Accepted: NANS, by \_\_\_\_\_