

16th Annual

BARIATRIC SUMMIT

September 21-22, 2019

The Peabody Memphis
Memphis, TN

EXHIBITOR APPLICATION

Company Name _____

Name for Booth Sign _____

Company Website _____

Company Representative _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail _____

Product to be Displayed _____

Description of Product (Attach Typed Description) _____

\$ _____

Exhibitor Total

Representative Signature

I am an authorized representative of the company with full power to sign and execute this application. The company listed agrees to comply with all instructions, rules, and regulations and agrees to promptly submit all information requested by Ciné-Med. By submitting a signed copy of this contract, we hereby apply for exhibit space for the meeting.

PAYMENT METHOD

Check in the amount of \$ _____ payable to payable to **Ciné-Med, inc.**

Federal Tax ID 06-106243

Charge in the amount of \$ _____ Visa MasterCard American Express Discover

Credit Card Number _____ Exp Date _____ / _____ Security Code _____

Cardholder Name _____

Cancellation: Requests for cancellation of reserved exhibit space must be made in writing to brandy@icm-med.com. Refunds less a 10% administrative fee will be granted for requests received on or before August 12, 2019. After this date, refunds for reserved space will not be granted.

Mail Payment and Application to:
Ciné-Med, Inc. ♦ 127 main Street North ♦ PO Box 1007 ♦ Woodbury, CT 06798

For further information contact: Brandy D'Heilly, Account Executive, Brandy@icm-med.com or 337.298.3869
bariatricsummit.com