EXHIBITOR REGISTRATION

Thursday, March 19, 2020

2020 MOS Annual Orthopaedic Trauma Program

8:00am – 3:30pm  
Registration will open at 7:15am

Grand Ballroom, St. Johns Conference Center, 44045 Five Mile Rd, Plymouth, MI 48170

KEYNOTE SPEAKERS: William Obremskey, MD, MPH, Professor, Vanderbilt, Nashville, TN and Timothy Weber, MD, IndyOrtho, Indianapolis, IN.

Category 1 CME AND Trauma credits have been applied for, and breakfast and buffet lunch is provided for all attendees. Parking is free. Exhibitor hall is next to meeting room.

COMPANY

NAME__________________________________  Contact_____________________

Contact email address________________________________________________________

Local Michigan Address_______________________________________________________

City____________________  State____________________  Zip code_________________

Office Phone___________________________  FAX_________________________________

NAMES OF ALL EXHIBITORS FOR BADGES:
1)________________________  2)_________________________  3)_______________

****Please print clearly. Additional exhibitors are required to register at a cost of $300 per representative!

Exhibit space is a table top with approximately 6-7 feet of exhibit space. We can accommodate larger displays. Companies may share booths with 2 representatives each!

Maximum of 3 company representatives at unshared booth space is allowed with your registration of $2,500. Booths are assigned as payment with registration is received, so register early for the best space. Over 275 physicians and residents are expected to attend.

Please mail your registration and the $2,500 fee for exhibit space to Tammi Connell, Executive Director, Michigan Orthopaedic Society, P.O. Box 362, Dewitt, MI 48820 by March 10, 2020.  Tax ID: 38 3237300  Questions: Tammi Connell (517) 668-6673  executivedirector_mos@outlook.com  (New Executive Director as of January 1, 2020.)

***TO PAY BY CREDIT CARD, PLEASE SEE BACK OF THIS FORM!!!  >>>>>>>>>>
I hereby authorize the following amount to be charged to my credit card.

Amount authorized: ________________
Card #: ____________________________________________ Visa, MC, Amex or Discover
Expiration Date: ____________________ Security Code: ________
Billing Zip Code: _________
NAME as it appears on Card: _______________________________________________
Signature: ____________________________________________
Phone: ________________________________________

WE AGREE TO ABIDE BY THE EXHIBIT RULES AND REGULATIONS AS SET FORTH BY THE MOS AND TO ALL CONDITIONS UNDER WHICH EXHIBIT SPACE IS AVAILABLE AT THIS MEETING. (No cancellation of space after February 25, 2020.)