

# South Carolina Orthopaedic Association Exhibit Space and Event Application

2010 Annual Scientific Meeting – August 5-8 – The Sanctuary at Kiawah Island, SC

Please return the completed form below along with the other items included in the check list below.

Please make sure your company name is on all attached forms to keep everything together.

We agree to abide by the exhibit rules and regulations as set forth by the SCOA, which is made a part of this contract by reference and fully incorporated herein, and to all conditions under which exhibit space at the meeting.

Company Name: \_\_\_\_\_

Contact & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name Request for Exhibitor Sign: \_\_\_\_\_

Product or services to be exhibited: \_\_\_\_\_

Name of specific company and/or product near which your company prefers NOT to be located. \_\_\_\_\_

Enclosed is a check or credit card details in the amount of \$\_\_\_\_\_, representing payment in full of \$\_\_\_\_\_ per sponsorship opportunities included on the attached form, Sponsorship Opportunity Overview.

## Checklist of items that should be returned to the SCOA to complete your registration:

- **2010 Exhibit Space and Sponsor Application (this form)**
- **2010 Sponsor Representative Event Registration Form**
- **Check made payable to the South Carolina Orthopaedic Association or Credit Card Form Below**

*Applications received after June 21, 2010 must be accompanied with payment for the full amount. CANCELLATION: SCOA must be notified of cancellation in writing. A cancellation fee of \$250.00 will be charged to a sponsor who cancels their contract before June 30, 2010. No refunds will be made after this date.*

Application with the payment and other communications may be addressed to the following:

South Carolina Orthopaedic Association ~ 17503 Mallard Court ~ Lutz, FL 33559 ~ Phone: 813-949-3121 ~ Fax: 813-949-8994 ~ Email: [scoa@cobbmanagement.com](mailto:scoa@cobbmanagement.com) ~ Website: [www.scoanet.org](http://www.scoanet.org)

I hereby authorize the following amount to be charged to my credit card.

Amount Authorized: \_\_\_\_\_ Card #: \_\_\_\_\_ Visa or Mastercard

Expiration Date: \_\_\_\_\_ Security Code or CIN Number: \_\_\_\_\_

Billing Address (Street, City, State, Zip): \_\_\_\_\_

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