



Table Top Application Form

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Company Email: _____ URL: _____

For office use only:

Contact Person _____ Phone _____

Email _____

50-word description of products or services to be exhibited:

Number of 3' x 6' table top(s): _____

Further instructions will be sent on your one complimentary badge.

I have reviewed the rules and regulations of the Shock Society exhibit floor and agree to abide by them in their entirety.

Please remit with a check for \$1,500 per exhibit payable to the Shock Society.

Registration Payment Form – Full payment must accompany your registration form. Check payments must be drawn on U.S. bank in U.S. funds and made payable to the Shock Society. Purchase orders will not be accepted. You may call in your credit card number to Joni Friedman at 301-634-7011

Total Payment \$ _____

Select one: Visa MasterCard American Express Check

Card Holders Name: _____

Print Name: _____

Credit Card # _____ Exp Date: _____ Security Code: _____

Shock Society/FASEB, Meeting Management, Phone 301-634-7011, Email Meetings@ShockSociety.org