**AAET The Nerve Conduction Association**

**Exhibitor Form**

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| **Conference Date:** |  |
| **Conference Name:** |  |
| **Conference Location:**  |  |

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| **Company Name:** |  |

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| **Contact Person:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

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| **Attending Representative:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

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| **Exhibit Fee ($500.00) Includes:**A table in the registration area, use of outlets if need be (we must be notified no less than 30 days prior to the event for this), tablecloths and chairs. Continental breakfast and lunch will be provided to exhibitors on participating days as well as an invitation to our social. We are also pleased to offer CEU’s to one eligible person per company.**Un-attended Exhibit Fee ($250.00 or comparable gift/prize) Includes:** A table in the registration area, where product information, samples, and any additional sent items will be placed.  |

**Space is limited. Please reserve early by contacting: aaet@aaet.info**

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| **AAET****P.O. Box 2770****Cedar Rapids, IA 52406** | **Phone:** 1-877-333-2238 | **FOR ASSOCIATION USE ONLY** |
| **E-mail:** aaet@aaet.info | Reg rec’d  |  |
| **Website:** www.aaet.info | Pmt rec’d |  |
|  | Check # |  |