



# MSK US & REGENERATIVE MEDICINE FOR THE KNEE

JANUARY 30 - FEBRUARY 1, 2020 | Breckenridge, CO

## EXHIBITOR & SPONSOR APPLICATION

Company Name				Contact Name	
Email				Web Address	
Address				Phone	
City	State	Zip	Country	Have you exhibited with us before?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Exhibit Booth \$2,000 <input type="checkbox"/> Educational Lunch Sponsor \$8,000 <input type="checkbox"/> Cocktail Reception Sponsor \$3,000 <input type="checkbox"/> Wi-Fi Access Sponsor \$1,000 <input type="checkbox"/> Coffee Break Sponsor \$850 <b>Total Amount Due</b>	<b>Exhibit Package Includes</b> · 8-Foot Table, Draped & Skirted · 2 Chairs, 1 Waste Basket · Hotel Booking Discount · 4 Conference Registrations · Cocktail Reception & Meals · Content Marketing · Company Logo On Our Website  <b>Booth Selections</b> Top Two Choices 1. _____ 2. _____	<b>What do you plan to exhibit?</b>  
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By signing this application, Exhibitor attests that they have received, reviewed and consented to the attached Exhibitor Terms and Conditions. EXPERT EDUCATION INSTITUTE reserves the right to inspect or refuse any marketing materials listed above.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

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Penn Valley, PA 19072

OR

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Name As Shown on Card \_\_\_\_\_

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I, \_\_\_\_\_ authorize Expert Education Institute to charge my credit card the amount of \$ \_\_\_\_\_ for the agreed-upon purchases.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Email Completed Form to: Agnes@exedinstitute.com